

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>24</i>	Age <i>81</i>	Months <i>5</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>Retired Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband <i>Sarah Jane Byers Angle</i>				
Father's Name <i>Henry Angle</i>	Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>Susan Fliray</i>	Name of person giving information <i>Samuel Angle</i>		How related to deceased <i>son</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Five years</i>
Immediate <i>Exhaustion heart failure, one of four months</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O. H. C. C. C. C.</i>
	Address <i>Hagerstown, Maryland</i>
Accident or Suicide? <i></i>	

Williamsport

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary A Bailey</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>Aug</i>		Day <i>19</i>		Years <i>64</i>	
Date of death <i>1907</i>		Age <i>64</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i>C</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Unmarried</i>					
Father's Name <i>John Cook</i>		Father's Birthplace <i>W Va</i>					
Mother's Maiden Name <i>Grace Teammel</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Frances Gant</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart</i>		How long <i>Some months</i>	
Immediate <i>General Decay</i>		How long <i>Some months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. D. Doyle M.D.</i>	
Address <i>Hagerstown Md.</i>			
Accident or Suicide? <i>Q</i>			

Apparatus
Rise Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

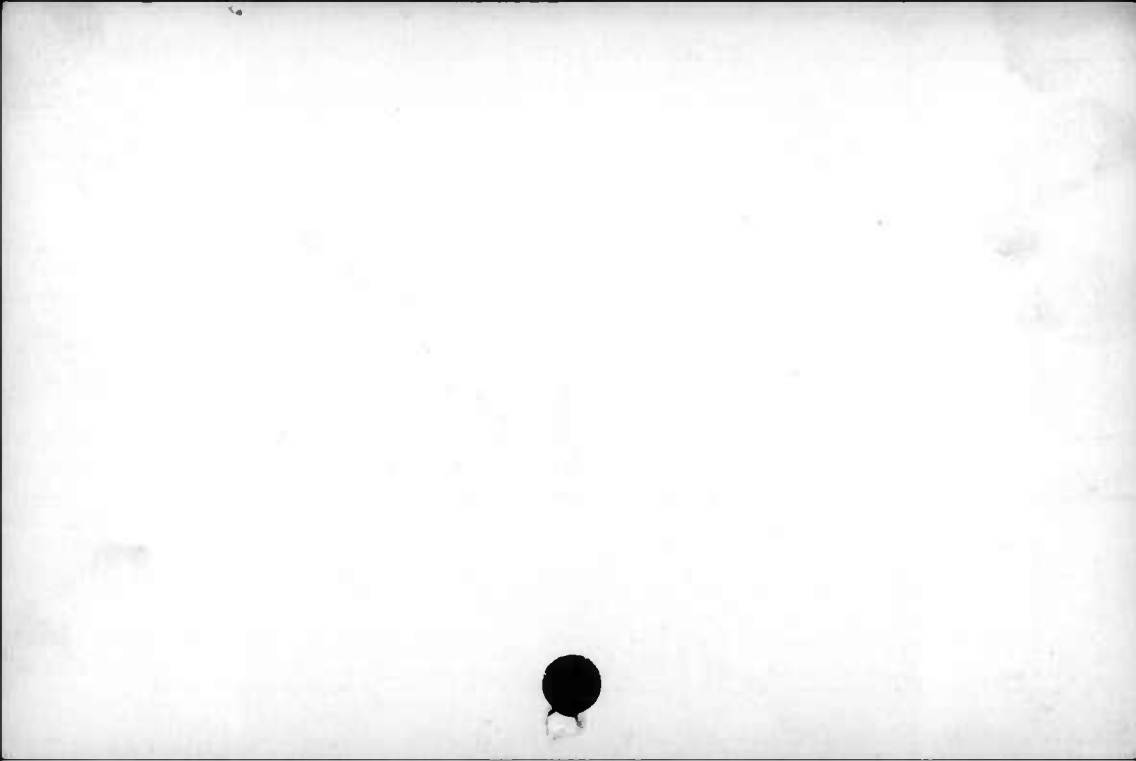
Died at <i>Poundsville</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190	<i>7</i> ^{Month}	<i>26</i> ^{Day}	Age <i>38</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Middleburg Pa</i>			
Occupation <i>Saw miller</i>	Where Residing if not at place of death <i>Poundsville</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>John H Beard</i>	Father's Birthplace <i>Middleburg Pa</i>				
Mother's Maiden Name <i>Isabel Weaver</i>	Mother's Birthplace <i>Middleburg Pa</i>				
Name of person giving information <i>George B Hoover</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Torn to fragment by explosion of steam boiler</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J L Massie M.D.</i>
<i>Explosion of Boiler</i>	Address <i>Smithsburg</i>
Accident or Suicide? <i>Boiler</i>	



Name
in
Full

Irene Elizabeth Beant Pa

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Middleburg</u> <small>Town</small>		<u>Franklin Co</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Year</small>	<u>1-8</u> <small>Month</small>	<u>15</u> <small>Day</small>	Age <u>7</u> <small>Years</small>	<u>18</u> <small>Months</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>—</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John H Beard jr.</u>			Father's Birthplace <u>Wash Co Md</u>		
Mother's Maiden Name <u>Mary E Bowers</u>			Mother's Birthplace <u>Wash Co, Md</u>		
Name of person giving information <u>John H. Beard sr.</u>			How related to deceased <u>Father & Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infaction</u>	How long <u>4 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D C Miller</u>
	Address <u>Wilkesboro N.C.</u>
Accident or Suicide? <u>—</u>	<u>Pa</u>

Middleburg, Md,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Red Lewis J Bell*

Town *Smithsburg* County *Washington* MARYLAND

Died at *Smithsburg*

Date of death *1907* Month *Aug.* Day *31* Age *78* Years Months *11* Days *—*

Sex *Male* Color or Race *White* Birth-place *Leitersburg*

Occupation *Minister* Where Residing if not at place of death *Smithsburg*

Married, Single or Widowed *Married* Name of Wife or Husband *Mrs C A Bell*

Father's Name *Jacob E Bell* Father's Birthplace *Leitersburg*

Mother's Maiden Name *Anna M Jacobs* Mother's Birthplace *Leitersburg*

Name of person giving information *Mrs C A Bell* How related to deceased *Wife*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *General Debility* How long *6 Months*

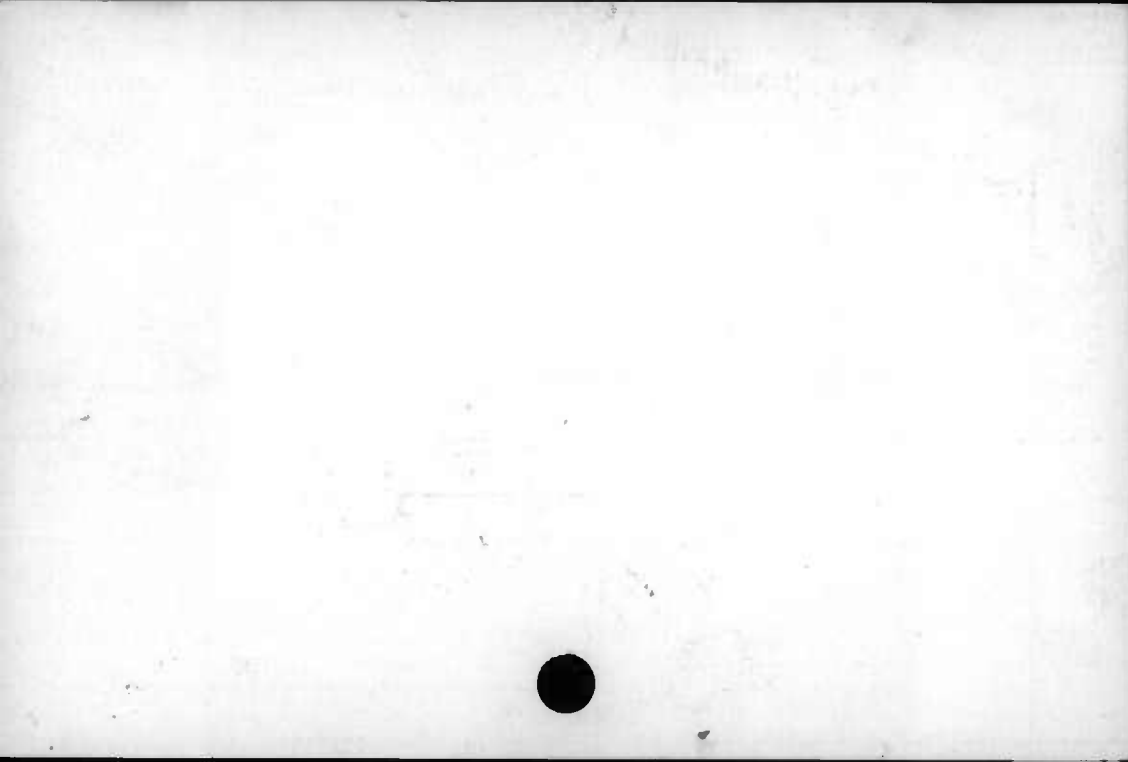
Immediate *Heart Failure* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr M D Kefauver*

Address *Smithsburg Maryland*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Scott Jr Boadry

Died at *Williamsport* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death *1904* ^{Month} *Aug* ^{Day} *9* Age *19* ^{Years} *9* ^{Months} *25* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Mattham Mass*

Occupation *Boatman* Where Residing if not at place of death *Boston Mass*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *John F Boadry* Father's Birthplace *Doul / Ennw*

Mother's Maiden Name *Georgia B Small* Mother's Birthplace *Portland Mass*

Name of person giving information *Jos. S Waterman* How related to deceased *undertaker in charge at Boston*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Drowning* **172** How long *Immediate*

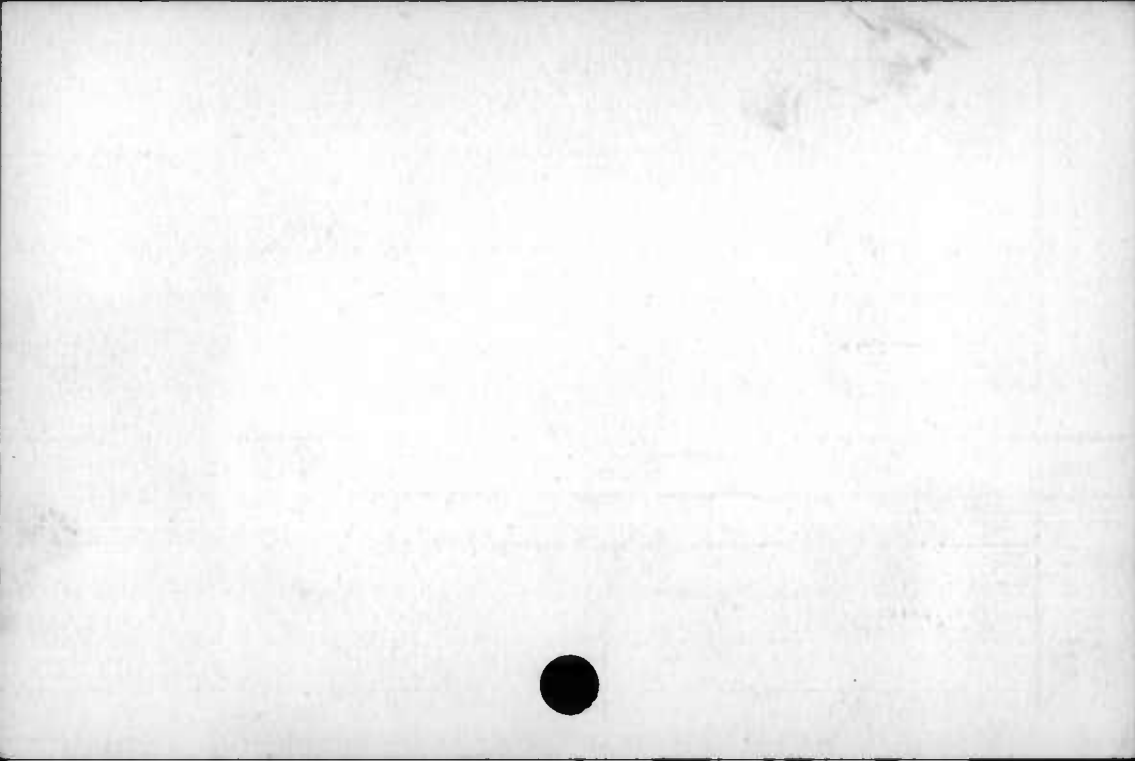
Immediate *Internal Haemorrhage* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Ernest N. Gauthier M.D.*

Address *Williamsport Md*

Accident or Suicide? *Accidental*



Name
in
Full

CERTIFICATE OF DEATH

Teller Bowers

Died at ^{Town} Wilson, Dist- ^{County} Wash

MARYLAND

Date of death 1907 ^{Month} Aug ^{Day} 3 ^{Age} ^{Years} ^{Months} 6 ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} IndOccupation ^{Where Residing if not at place of death}

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

105

Primary

Cholera infantum

How long

Four days

Immediate

Exhaustion

How long

Twenty four hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

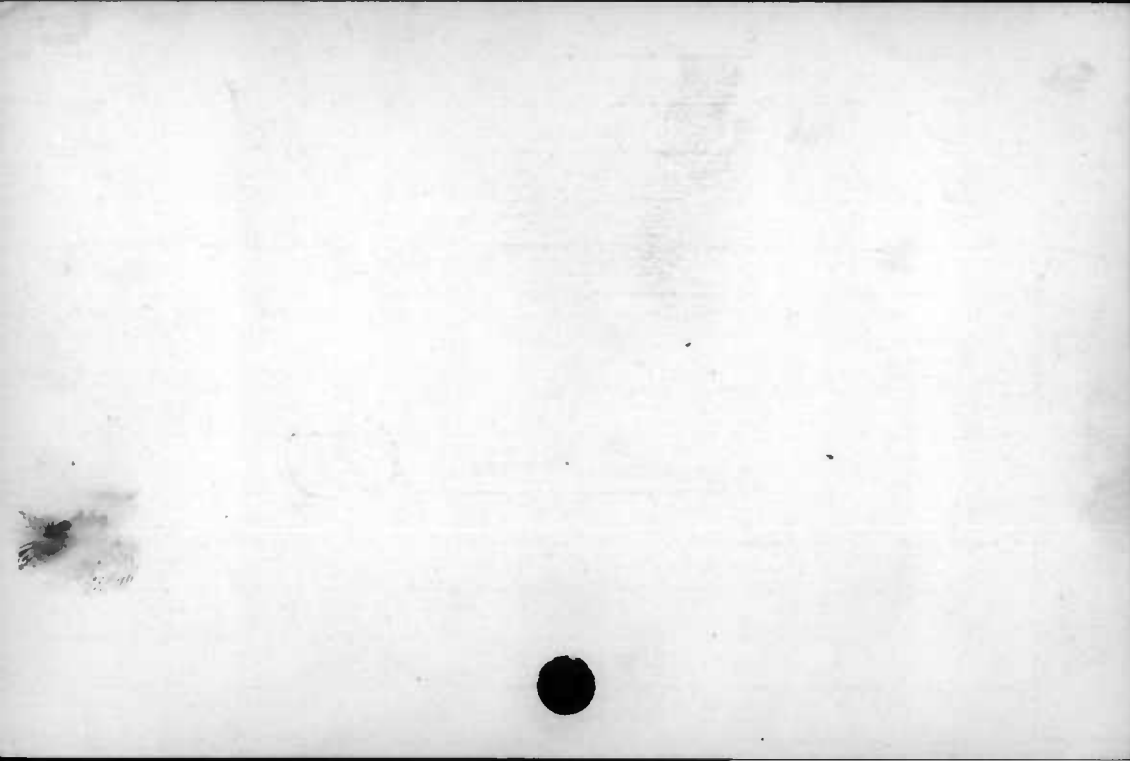
Abraham Shemk
Telegraph Spring
Washington Co.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1000

Name in Full		Marion Garratt. Claggett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Meriton		Washington		MARYLAND	
	Date of death	1907	Month 8	Day 7	Age 1	Months 10	Days 29
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Meriton	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Lawrence H. Claggett				Father's Birthplace	Me. D.
	Mother's Maiden Name	Prudence E. Garratt				Mother's Birthplace	Me. D.
Name of person giving information	L. M. Claggett				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Congenital Spinal Curvature				How long	From birth
	Immediate	Tubercular Meningitis				How long	4 Weeks
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. J. Fournier
						Address	Brownsville
							Me. D.
Accident or Suicide? <input type="checkbox"/>							



Name
in
Full

Elizabeth Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>8</u> ^{Day} <u>3</u>		Age <u>90</u> ^{Years}		<u>—</u> ^{Months} <u>—</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Md</u>	
Occupation <u>House work</u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Henry Cooper</u>			
Father's Name <u>Solomon Stoops</u>		Father's Birthplace <u>Na</u>			
Mother's Maiden Name <u>Hester Miller</u>		Mother's Birthplace <u>Na</u>			
Name of person giving information <u>James Stoops</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Mitral Heart Disease</u>	How long <u>1 yr.</u>
Immediate <u>Heart Failure</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. R. Schell</u>
	Address <u></u>
Accident or Suicide? <u>No.</u>	

Halfway

Name
in
Full

CERTIFICATE OF DEATH

Samuel McK. Delauney

Town

Sharpsburg

County

Washington

MARYLAND

Died at

Date

of death 190

Month

7 Aug

Day

5

Age

Years 9

Months

10

Days

2

Sex

Male

Color or
Race

White

Birth
place

Sharpsburg, Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Charles Delauney

Father's
Birthplace

Sharpsburg Md

Mother's
Maiden Name

Nora Reynolds

Mother's
Birthplace

Morgan Co. Va.

Name of person giving
Information

Chas. Delauney

How related
to deceased

Father

CAUSES OF DEATH

Primary

Diphtheria

(9)

How long

about 4 days

Immediate

--

How long

--

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. H. Harrison

Address

Sharpsburg Md

Accident or Suicide?

Only saw this case a fortnight before death -

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Q

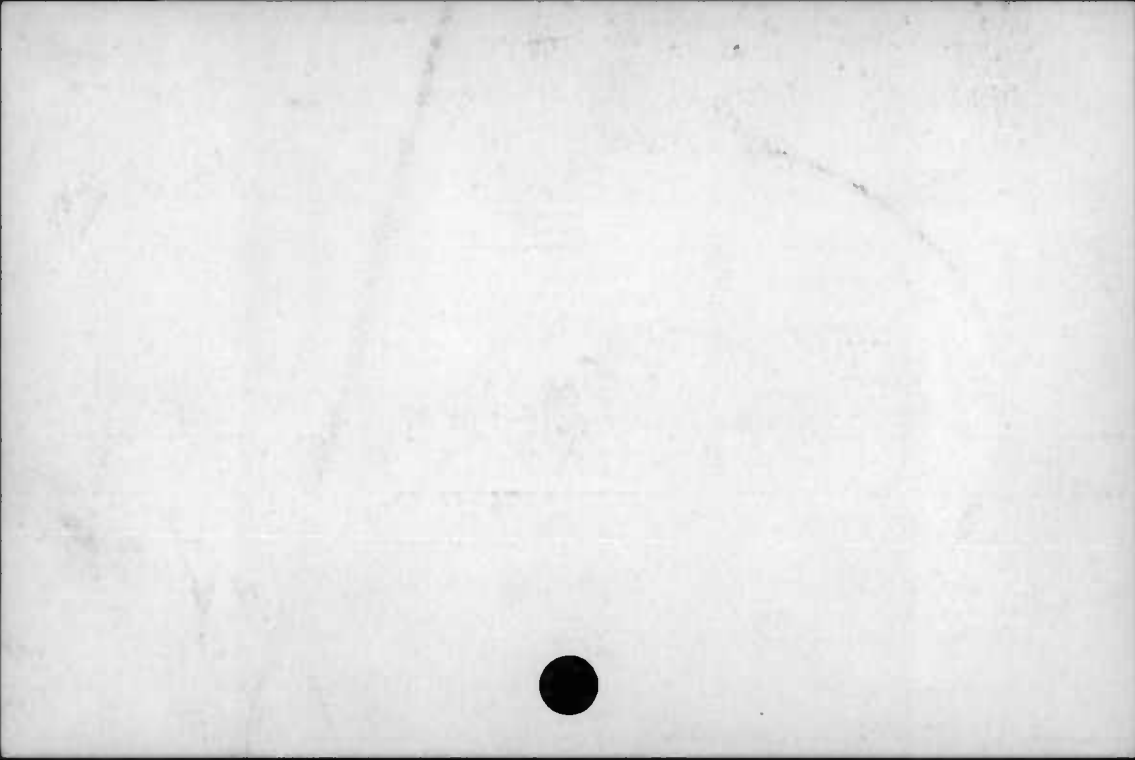
Chas. S. Wade
Undertaker

CERTIFICATE OF DEATH

Died at		Town		County		State	
Huntstown		Washington		Maryland			
Date of death	1907	Month	Aug.	Day	15 th	Age	70
						Months	3
						Days	1
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Amanda Catherine Stone				
Father's Name	Abraham Eastle			Father's Birthplace	Maryland		
Mother's Maiden Name	Rebecca Myers			Mother's Birthplace	Maryland		
Name of person giving information	Victor L. Eastle			How related to deceased	Son.		

CAUSES OF DEATH

Primary	Cerebral Abscess & Hemorrhage, Throat	How long	Sudden
Immediate	yes.	How long	20 minutes.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. G. M. M. D.
		Address	Boonsboro. Md.
Accident or Suicide?	No		



Name
In
Full

Emma R. Ebersole.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Antietam</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Year}	<i>Aug</i> ^{Month}	<i>27</i> ^{Day}	Age <i>60</i> ^{Years}	<i>28</i> ^{Months}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housewife</i>		Birth-place	<i>Penna</i>	
Where Residing if not at place of death			<i>_____</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>David Ebersole</i>	
Father's Name	<i>William</i>		Father's Birthplace	<i>Washington</i>	
Mother's Maiden Name	<i>Anderson</i>		Mother's Birthplace	<i>Washington</i>	
Name of person giving information	<i>Dennis Ebersole</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease and Heart Disease</i>	How long	<i>For several years</i>
Immediate	<i>Heart failure</i>	How long	<i>short time</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>D. H. Gardner</i>	
		Address	
		<i>Sharpsburg Md</i>	
Accident or Suicide?			

Chas. S. Wade
Undertaker

Name
in
Full

Elizabeth Child, Esklin

CERTIFICATE OF DEATH

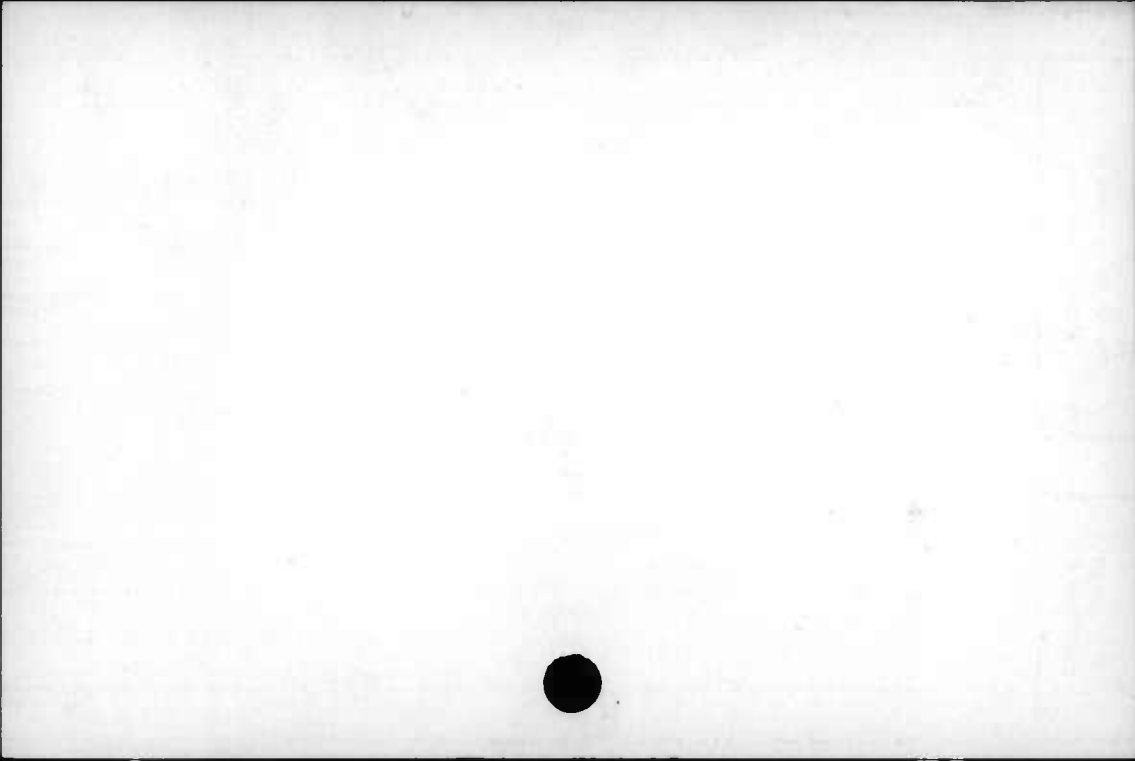
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1907	Month	Aug	Day	18	Age	Stillborn
Sex	Male	Color or Race	White	Birth-place	None.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

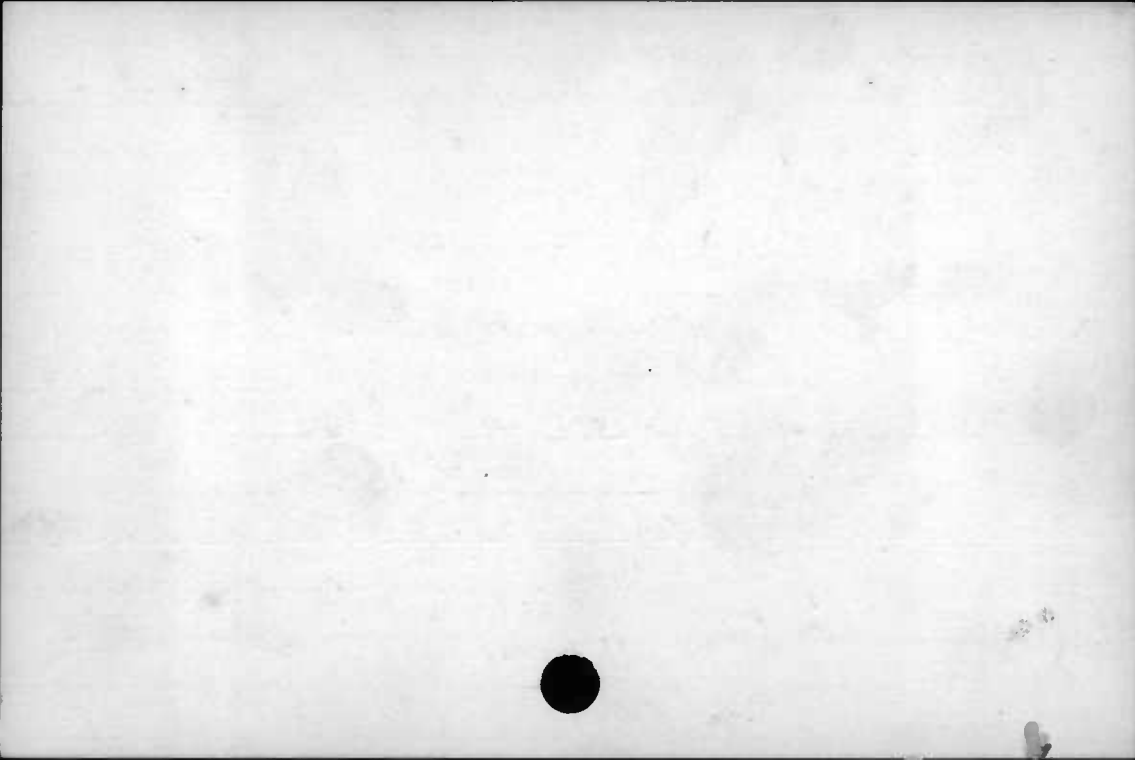
Primary	Still-born	How long	-
Immediate		How long	-
Are the name, age, sex, color, date and place correctly given above?	2/ev	Signature of Physician	D. C. R. Miller, M.D.
		Address	W. 1400 E. 14th St. N.W.
Accident or Suicide?	-		Rec.



Name in Full Samuel B. Garver		CERTIFICATE OF DEATH	
Died at ^{near} Smithsburg ^{Town}		County Washington	
Date of death 1907 Aug. 24		Years 64	Months 3 Days 8
Sex Male	Color or Race White	Birth-place near Smithsburg	
Occupation Miller	Where Residing if not at place of death near Smithsburg		
Married, Single or Widowed Single	Name of Wife or Husband none		
Father's Name Joseph Garver	Father's Birthplace Washington ^{County}		
Mother's Maiden Name Mary Holmes	Mother's Birthplace Do		
Name of person giving information Joseph Garver (brother)	How related to deceased Brother		
CAUSES OF DEATH			
Primary Bright's Disease Kidneys	How long 2 years		
Immediate Apoplexy	How long 11 days second 3 hours		
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician J. L. Mussie M.D.		
	Address Smithsburg		
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town} <i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Aug</i> ^{Month}	<i>4</i> ^{Day}	Age <i>73</i> ^{Years} <i>5</i> ^{Months} <i>20</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Sharpsburg Md</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jennie Gloss</i>		
Father's Name <i>William Gloss</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Elizabeth Smith</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Jennie Gloss</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>Several years</i>
Immediate <i>Exhaustion from Bilious Diarrhea</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. W. Henderson</i>
	Address <i>Sharpsburg Md</i>
Accident or Suicide?	

Chas. S. Wade
undertaker

Name
in
Full

Mary. Gouker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Bellevue</i> Town		County <i>Washington</i>			
Date of death	1907	Month	Aug	Day	25
				Age	69
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>Wid.</i>		Birth-place	<i>Ind</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Unkn. Was an inmate of hospital home</i>	
Father's Name	<i>James M. Blount</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary Reynolds</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>John Swope</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute debility</i>		<i>159</i>	<i>154</i>
Immediate	<i>Exhaustion</i>		How long	<i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			<i>M. B. Monson</i>	
			Address	
			<i>Hagerstown Ind</i>	
Accident or Suicide?		<i>No</i>		

Coffman

Bear Creek

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Greenawalt*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death *1907* Month *8* Day *11* Age *58* Years Months *1* Days *29*

Sex *Male* Color or Race *White* Birth-place *Va*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Lucy Greenawalt*

Father's Name *Adam Greenawalt* Father's Birthplace *Germany*

Mother's Maiden Name *Barbara Pope* Mother's Birthplace *Germany*

Name of person giving information *Lucy Greenawalt* How related to deceased *Wife*

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary *Darrrrosis* How long *5 yrs*

Immediate *Exhaustion* How long *5 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. L. M. Smith*

Address *Hagerstown Md*

Accident or Suicide?

Coffman

Aug 12/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born child of Chas R. & Celia Grove

Town Hagerstown County Wash. MARYLAND

Died at Hagerstown

Date of death 1907 Month Aug Day 20 Age Years Months Days

Sex female Color or Race white Birth-place md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed single Name of Wife or Husband _____

Father's Name Charles R. Grove Father's Birthplace md.

Mother's Maiden Name Celia L. Repp Mother's Birthplace "

Name of person giving information C. R. Grove How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Delirium during labor - How long 1/2 hour

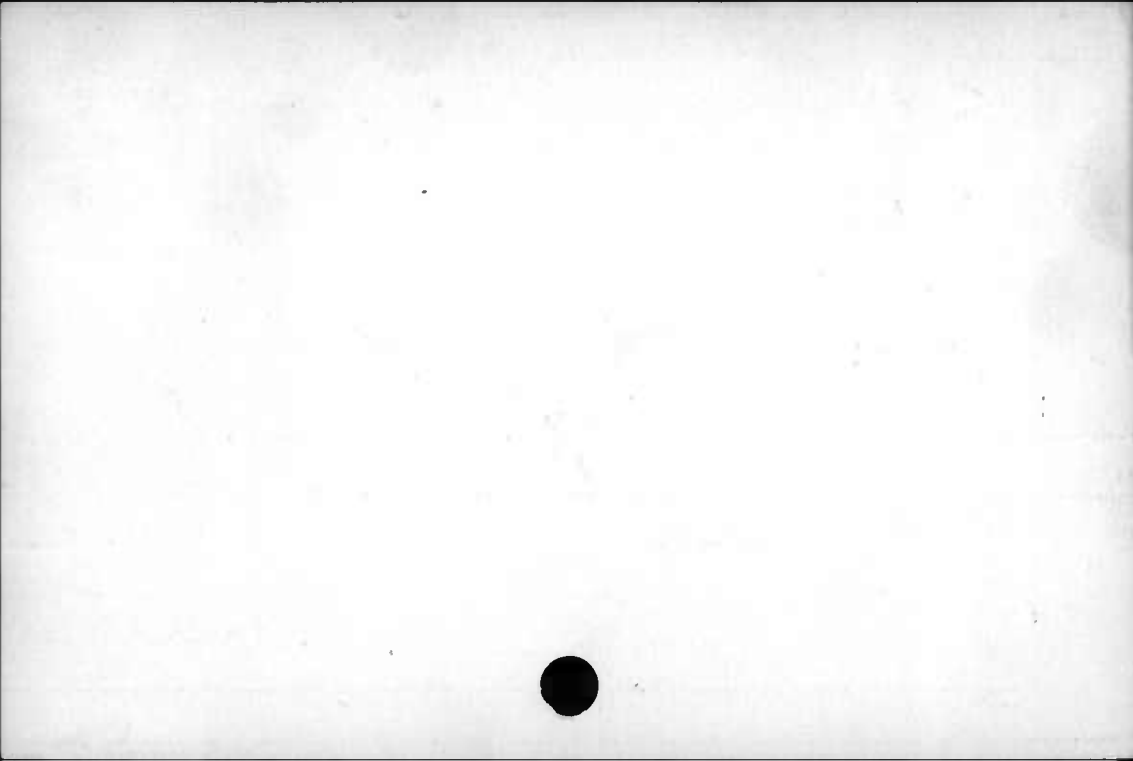
Immediate ✓ How long ✓

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Robert D. Miller Jr

Address Hag md

Accident or Suicide? no



Name
in
Full

Elizabeth Grove

CERTIFICATE OF DEATH

Died at *none* TownCounty *Washington*

MARYLAND

Date of death *1907 Aug 20*

Day

Age *20* YearsMonths *10*Days *23*Sex *Female*Color or Race *White*Birth-place *Wash. Co Md*Occupation *none*Where Residing if not at place of death *at place of death*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Charles Wm Grove*Father's Birthplace *Wash. D.C.*Mother's Maiden Name *Florence Smith*Mother's Birthplace *Wash Co, Md.*Name of person giving information *Carroll Grove*How related to deceased *Brother.*

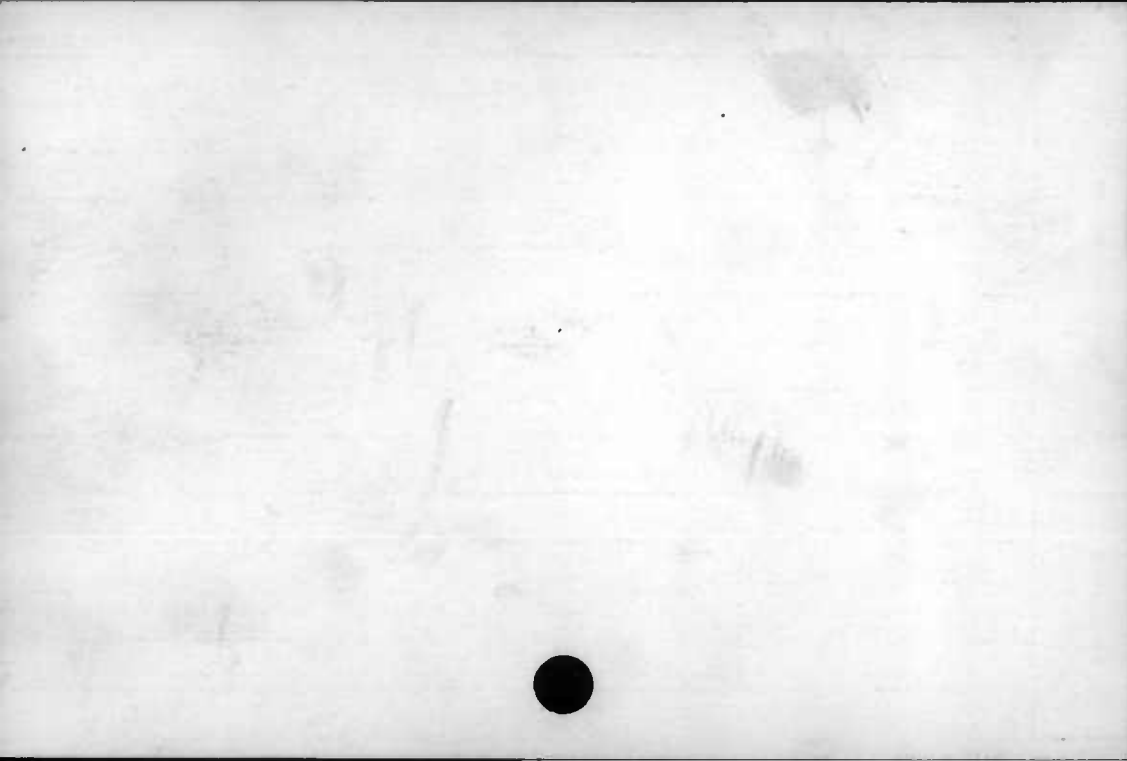
CAUSES OF DEATH

105

Primary *Disent Colitis*How long *4 weeks*Immediate *Disent Colitis*How long *4 weeks*Are the name, age, sex, color, date and place correctly given above? *ye*Signature of Physician *F. M. Phillips*Address *Harper's Ferry**Dist. Va.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sandyhook* *Wash.* County

Date of death *1907* *Aug* *17* *1* *1* *6* *3*
Month Day Years Months Days

Sex *male* Color or Race *white* Birth-place *Sandyhook Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Charles Harrison*

Father's Birthplace *Sandyhook*

Mother's Maiden Name *Eliza J. Potts*

Mother's Birthplace *Virginia*

Name of person giving information *Chas Harrison*

How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Dysentery & Thrush* How long *2 weeks*

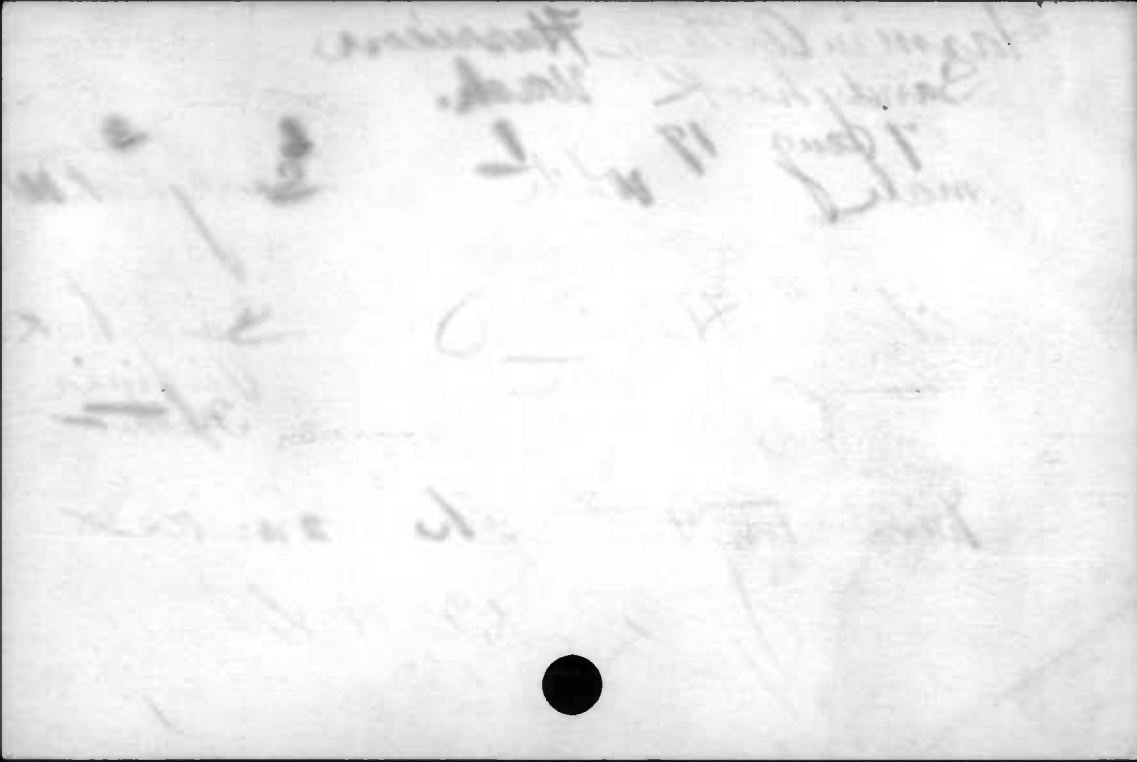
Immediate _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H Franklin Schamel MD*

Address *Brunswick*

Accident or Suicide? _____



Name
in
Full

Frances Catherine Hawbecker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

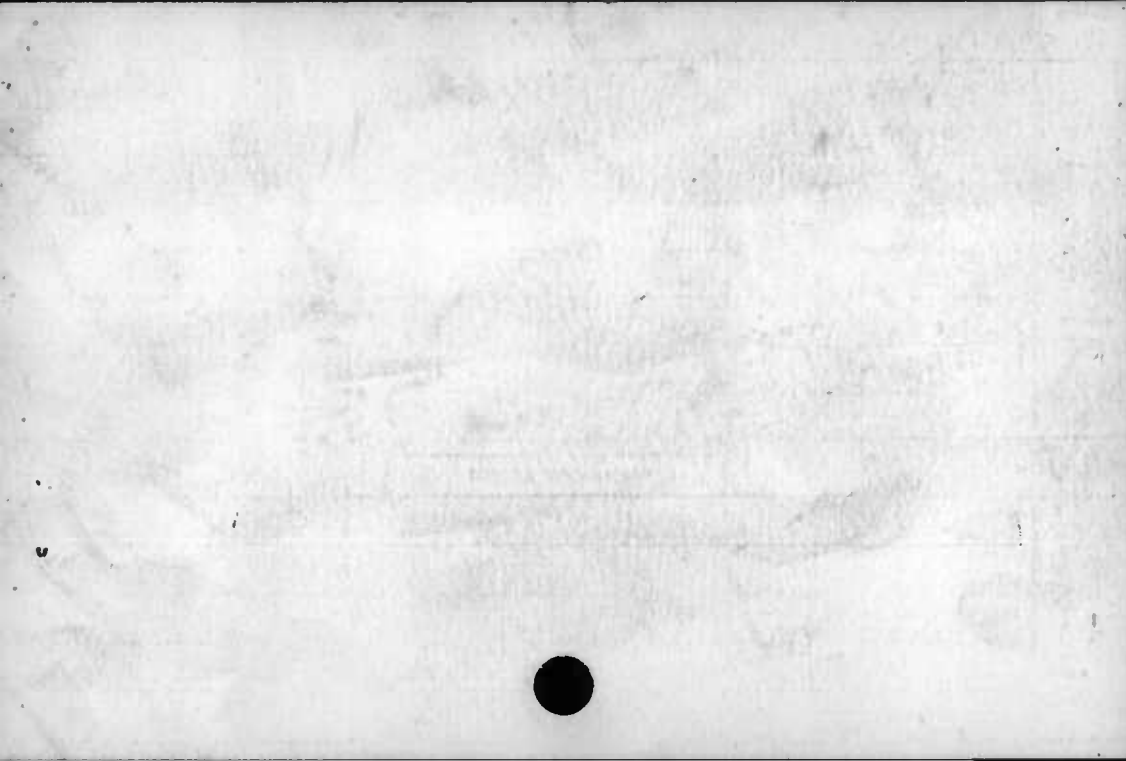
Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1907	Month 8	Day 7	Age 28	Years 11	Months 1
Sex Female		Color or Race White		Birth-place Williamsport			
Occupation Child				Where Residing if not at place of death			
Married, Single or Widowed Child		Name of Wife or Husband Child					
Father's Name Adam Hawbecker		Father's Birthplace Maryland					
Mother's Maiden Name Emma Neff		Mother's Birthplace Penn					
Name of person giving information Emma Hawbecker		How related to deceased Mother					

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	Three days
Immediate	Prostration	How long	Two hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. Richardson	
		Address	
		Williamsport Md	
Accident or Suicide?		No	



Name
in
Full

Frank, Hayes.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

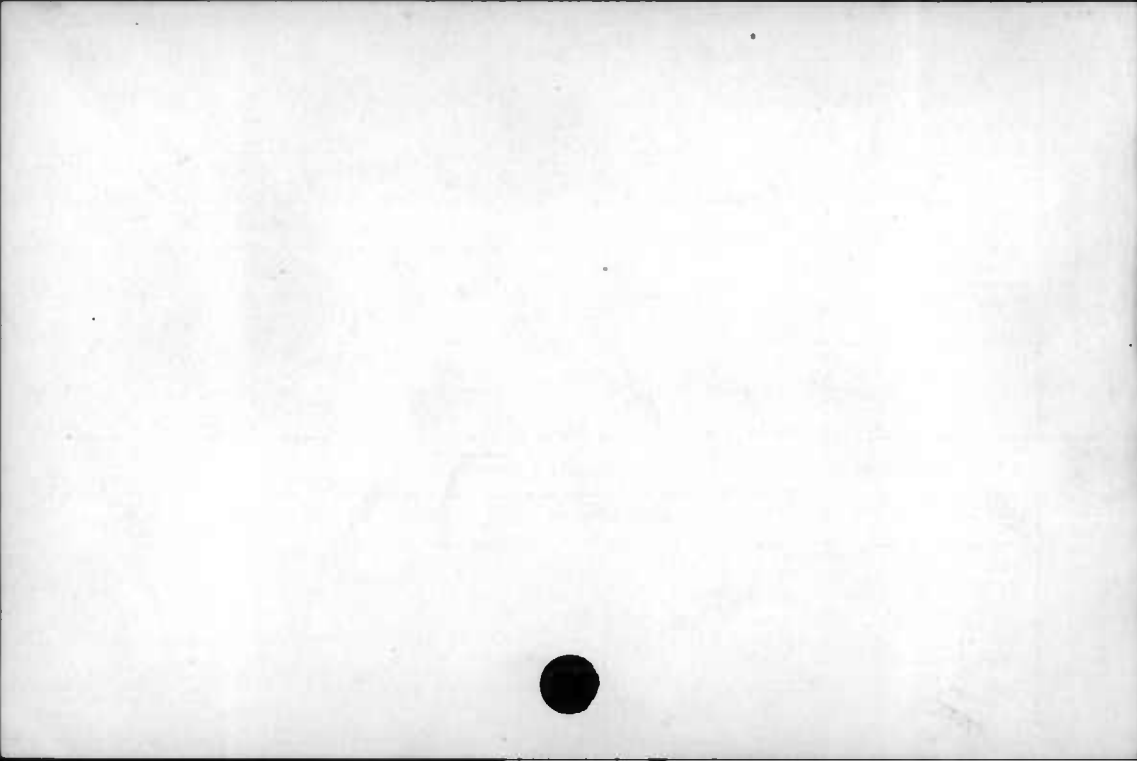
Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County.		MARYLAND	
Date of death <i>1907</i>		Month <i>8</i>		Day <i>7</i>		Age <i>18</i>		Years <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Foxville, Ind.</i>					
Occupation <i>Brakemann</i>				Where Residing if not at place of death <i>Hagerstown</i>					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Frank Hall</i>				Father's Birthplace <i>Bath, Ind.</i>					
Mother's Maiden Name <i>Viola Hayes</i>				Mother's Birthplace <i>Hallsville</i>					
Name of person giving information <i>Louise Smith</i>				How related to deceased <i>Mother</i>					

CAUSES OF DEATH

1166

PHYSICIAN
OR CORONER

Primary <i>R.R. Accident</i>		How long <i>—</i>	
Immediate <i>Shock.</i>		How long <i>Three hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. E. Scott</i>	
		Address <i>Hagerstown,</i>	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

Howard G. Benson

CERTIFICATE OF DEATH

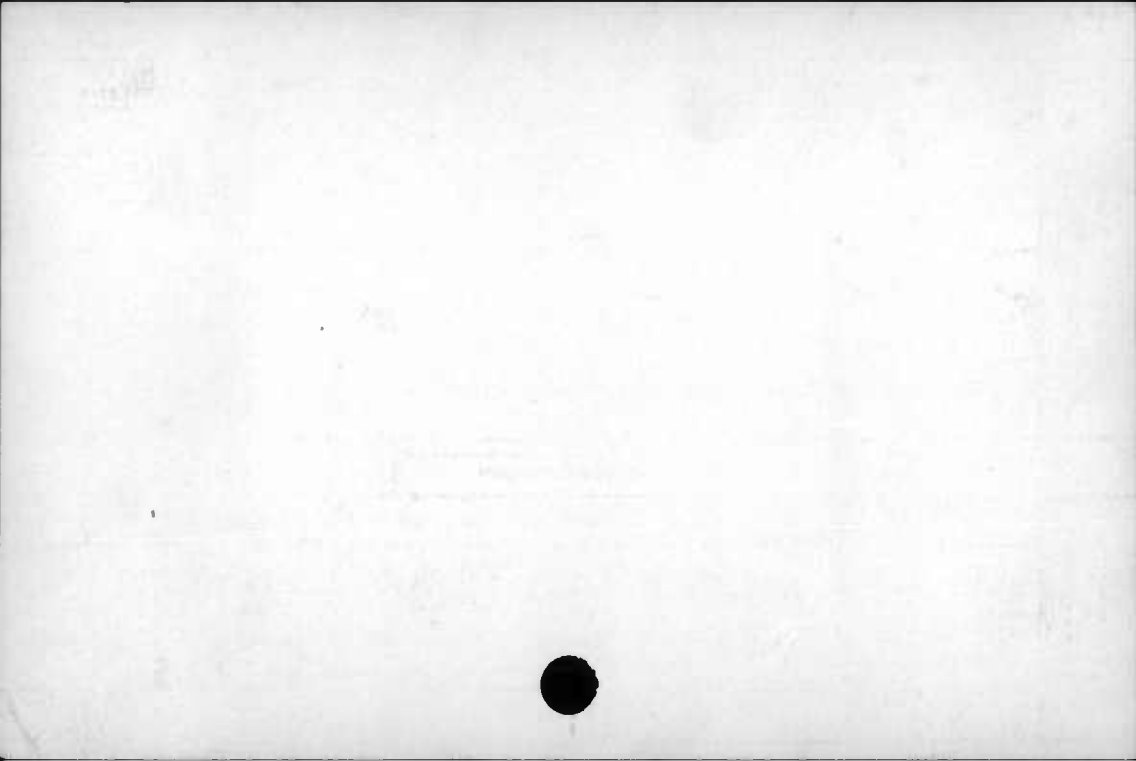
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>8</u> ^{Day} <u>21</u>		Age <u> </u> ^{Years}		<u>2</u> ^{Months} <u>16</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Md</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Charles Benson</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Maggie M. Mangum</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Charles Benson</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pertussis</u>	How long <u>8</u> ^{days}
Immediate <u>Meningitis</u>	How long <u>1</u> ^{day}
Are the name, age, sex, color, date and place correctly given above <u>yes</u>	Signature of Physician <u>M. M. M. M. M.</u>
<u>no</u>	Address <u>Hagerstown Md</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

CERTIFICATE OF DEATH

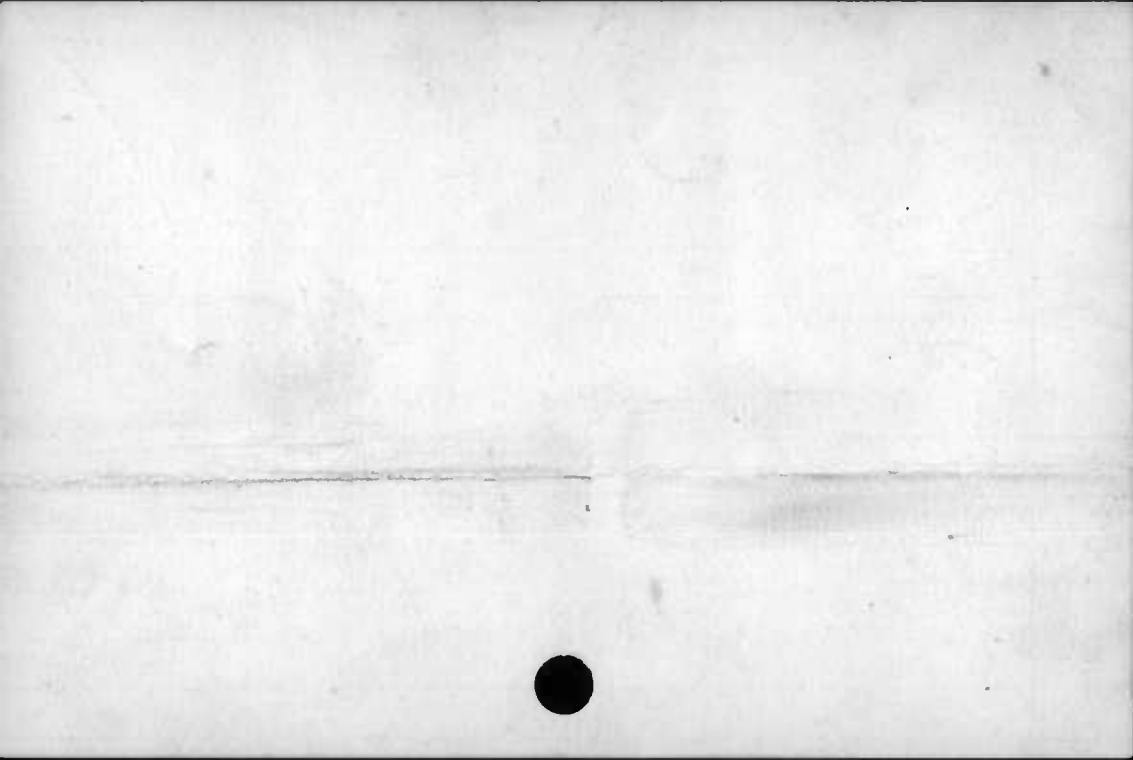
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	3			4	
Sex		Color or Race		Birth-place			
male		white		Int			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Es. William Holmes				Int			
Mother's Maiden Name				Mother's Birthplace			
Jane Harrison				Int			
Name of person giving information				How related to deceased			
H. A. Allright				Son in law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chaloro Infection	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		L. H. K. et	
		Address	
		13 Broadwell	
		Fredrick G.	
Accident or Suicide?			



Name
in
Full

Mrs Susan R. Johnston

CERTIFICATE OF DEATH

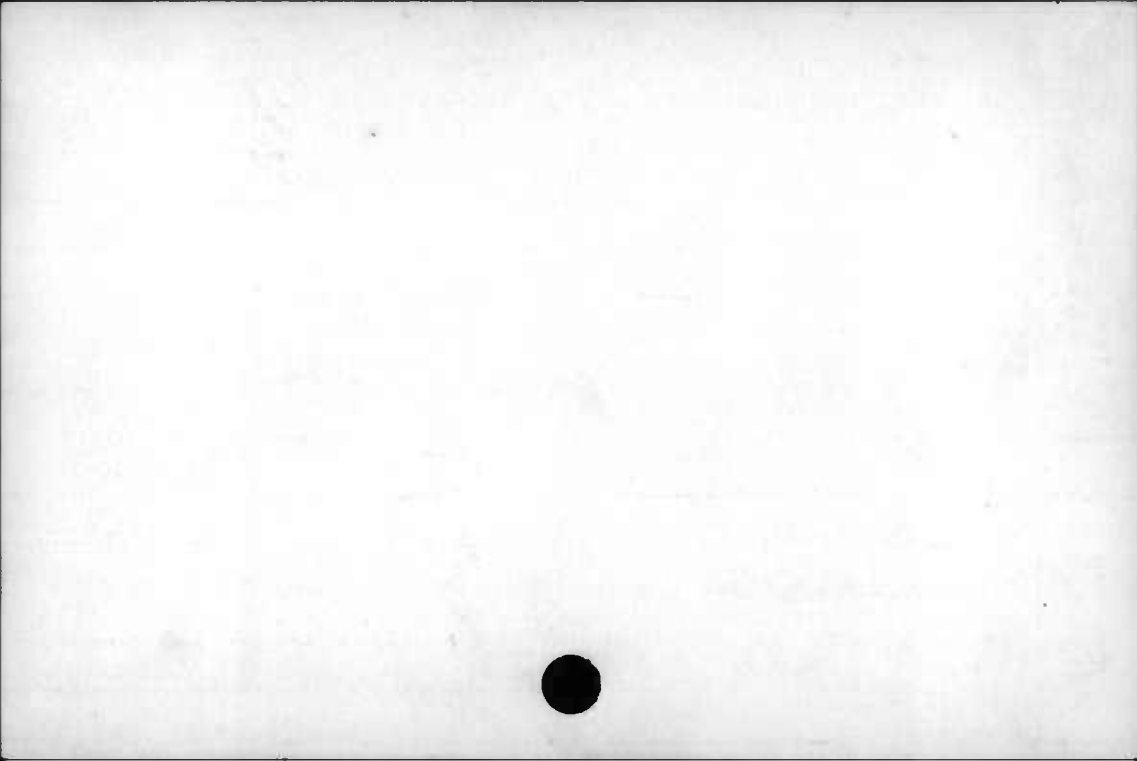
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>29</i>	Age <i>80</i>	Years	Month <i>8</i>	Days <i>4</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>				
Occupation <i>N. W.</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>widow</i>	Name of Wife Husband <i>John E. Johnston</i>						
Father's Name <i>Daniel Kershner</i>	Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Nancy Westenberg</i>	Mother's Birthplace <i>Germany.</i>						
Name of person giving information <i>Edward K. Johnston</i>	How related to deceased <i>son.</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Genl debility -</i>	How long <i>considerable time</i>
Immediate <i>Intestinal trouble</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	Address <i>Chas. B. Boyle</i>
<i>Accident or Suicide?</i>	<i>Hagerstown Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1907	Month	7	Day	14
Age	14	Years	—	Months	9
Sex	male	Color or Race	white	Birth-place	md.
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Irvin C. Kauffman			Father's Birthplace	Penn.
Mother's Maiden Name	Ida B. Grigler			Mother's Birthplace	md.
Name of person giving information	Irvin C. Kauffman			How related to deceased	father

CAUSES OF DEATH

Primary	<i>Tuberculosis Intestines</i>	How long	<i>29</i>	How long	<i>same month</i>
Immediate	<i>exhaustion</i>	How long		How long	<i>same month</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
<i>yes</i>		Address			
		<i>Chas. R. B. M.D.</i>			
		<i>Hagerstown Md.</i>			

Accident or Suicide?

Waynesboro Vt

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Nannie Edna Kershner</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND					
Died at		Month <i>Aug</i>		Day <i>21</i>		Years <i>4</i>		Months <i>2</i>		Days <i>6</i>	
Date of death		<i>1907</i>		Age							
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>							
Occupation				Where Residing if not at place of death							
Married, Single or Widowed <i>single</i>		Name of Wife or Husband									
Father's Name <i>Elmer Kershner</i>		Father's Birthplace <i>Ind.</i>									
Mother's Maiden Name <i>Florence Bostetter</i>		Mother's Birthplace <i>"</i>									
Name of person giving information <i>Elmer Kershner</i>		How related to deceased <i>Father</i>									

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Assthemia due to entero-colitis</i>		How long <i>4 wks.</i>	
Immediate <i>Convulsions</i>		How long <i>One day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Mary A. Laughlin M.D.</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide?			

Broadfaring

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

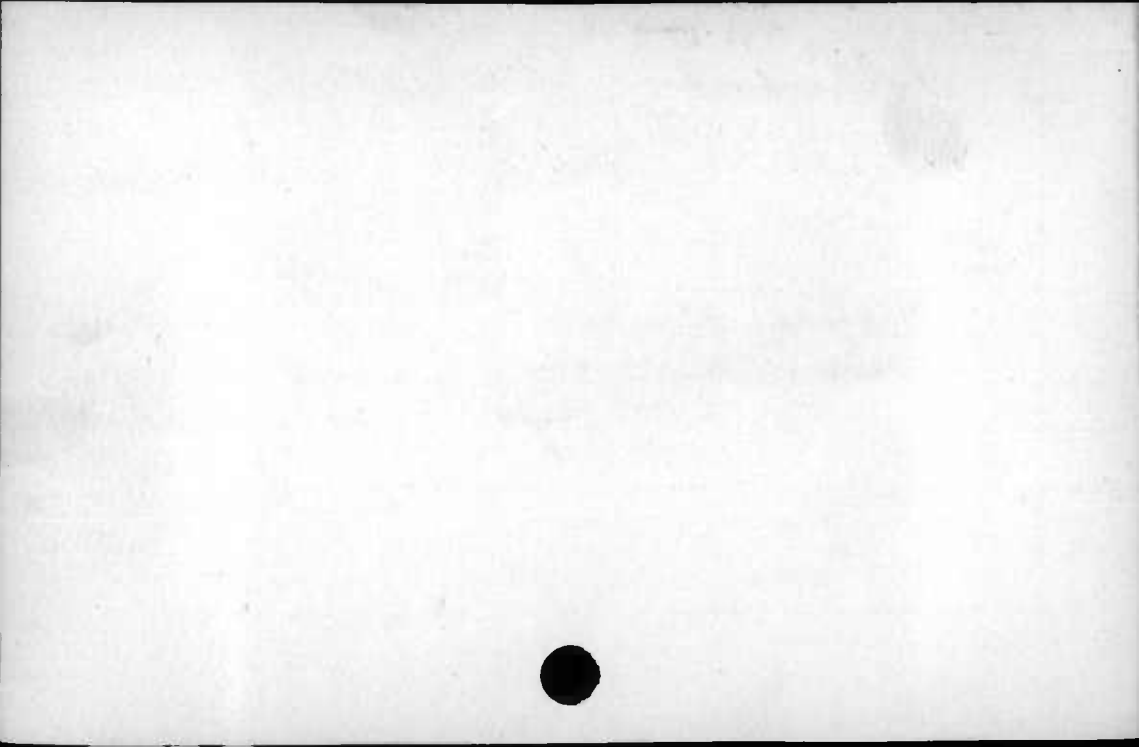
Died at <i>Bonuchon</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1907	Month	August	Day	28	Age	57
Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>2</i>		Days <i>3</i>	
Occupation <i>Painter</i>		Where Residing if not at place of death <i>Bonuchon, Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha A. Knudde</i>					
Father's Name <i>Frederick Knudde</i>		Father's Birthplace <i>Washington Co.</i>					
Mother's Maiden Name <i>Harriet Miller</i>		Mother's Birthplace <i>Washington Co.</i>					
Name of person giving information <i>Martha A. Knudde</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

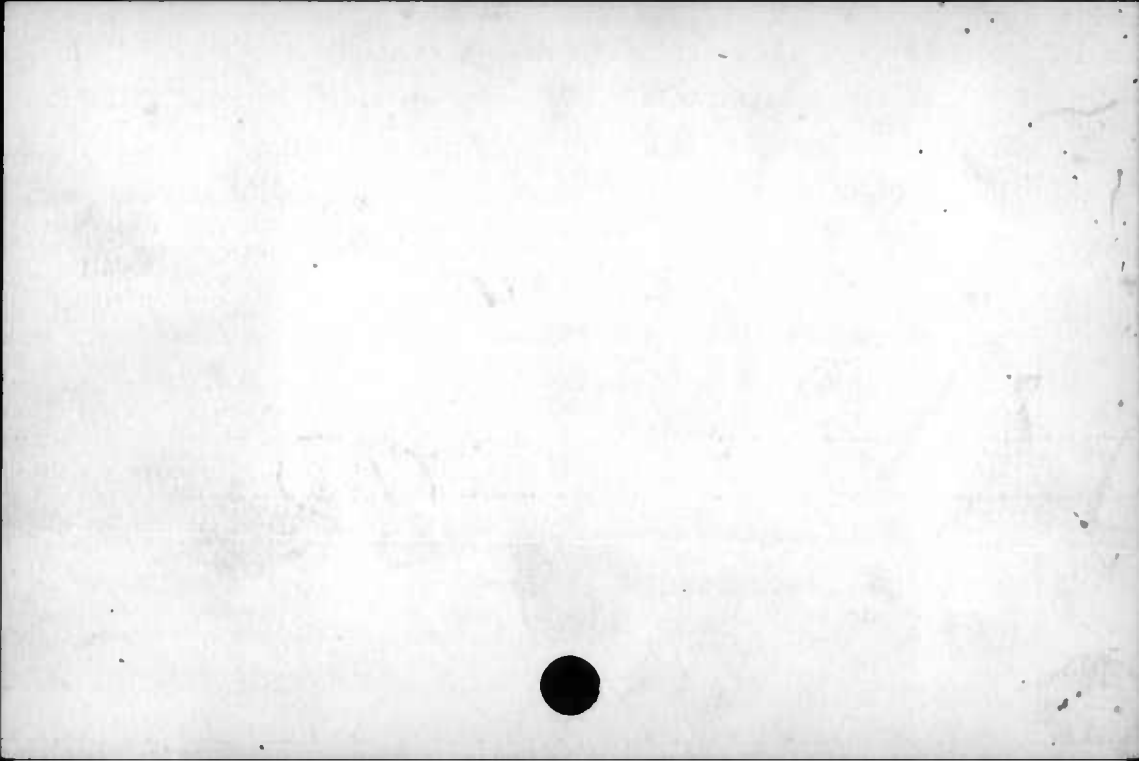
120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease Kidney</i>	How long	<i>3 mo -</i>
Immediate	<i>Uremic Poisoning</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. C. Wheeler</i>	
		Address <i>Bonuchon Washington Co</i>	
Accident or Suicide?			



Name In Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at Williamport Town		County Washington	
		Date of death 1907 Month 8 Day 13		Age 40 Years Months 8 Days 13	
		Sex Male		Color or Race White	
		Occupation Labor		Birth-place Williamport	
		Where Residing if not at place of death			
		Married, Single Married		Name of Wife or Husband Sallie Kieps	
Father's Name Michael Kieps		Father's Birthplace Maryland			
Mother's Maiden Name Ellen E. Gauer		Mother's Birthplace Maryland			
Name of person giving information Lewis H. Kieps		How related to deceased Nephew			
		CAUSES OF DEATH			
PHYSICIAN OR CORONER		Primary Gunshot wound.		How long —	
		Immediate Internal Haemorrhage		How long —	
		Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Ernest F. Gauthier M.D.	
		Address Williamport - Md.			
Accident or Suicide? Homicidal					



Name
in
Full

E. Williams Layman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marion</i>		Town <i>Marion</i>		County <i>Franklin</i>		State <i>MARYLAND</i>	
Date of death <i>1907 Aug</i>		Month <i>Aug</i>	Day <i>20</i>	Age <i>88</i>	Year <i>10</i>	Months <i>8</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>					
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Catherine Hess</i>						
Father's Name <i>do not know</i>	Father's Birthplace <i>do not know</i>						
Mother's Maiden Name <i>do not know</i>	Mother's Birthplace <i>do not know</i>						
Name of person giving information <i>Honey Layman</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>3 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Magly</i>
	Address <i>Marion Pa</i>
Accident or Suicide?	

Ruizol J. Md.

Name
in
Full

Carl Ernest Lowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at. <i>Coffmansville</i>		Town <i>Wash.</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>27</i>		Age <i>X</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Coffmansville</i>		Months <i>1</i> Days <i>7</i>	
Occupation <i>X</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Frank. L. Lowman</i>		Father's Birthplace <i>Leitersburg Pa</i>					
Mother's Maiden Name <i>Jennie V. McAuley</i>		Mother's Birthplace <i>Chesville Md</i>					
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>Two weeks</i>
Immediate	<i>Prostration</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. S. Richardson</i>	
		Address <i>Williamsport Md.</i>	
Accident or Suicide? <i>No.</i>			

100



Name in Full		Certificate of Death			
Orvey J. Mc Bride		MARYLAND			
Died at <i>Sharpsburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>			
Date of death <i>1907</i> <small>Month</small> <i>Aug</i> <small>Day</small> <i>7</i>		Age <i>—</i> <small>Years</small>		Months <i>4</i> <small>Days</small> <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredk Co. Md.</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Orvey Mc Bride</i>		Father's Birthplace <i>Fredk Co. Md</i>			
Mother's Maiden Name <i>Effie N. Knill</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Mrs. Sherman Brenner</i>		How related to deceased <i>Aunt</i>			
CAUSES OF DEATH					
Primary		<i>Malnutrition</i>		How long <i>Since birth</i>	
Immediate		<i>151</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. W. Gamett</i>			
		Address <i>Sharpsburg, Md.</i>			
Accident or Suicide?					

Chas. S. Wade

undertaker

Name
in
FullDaniel M^cLucas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

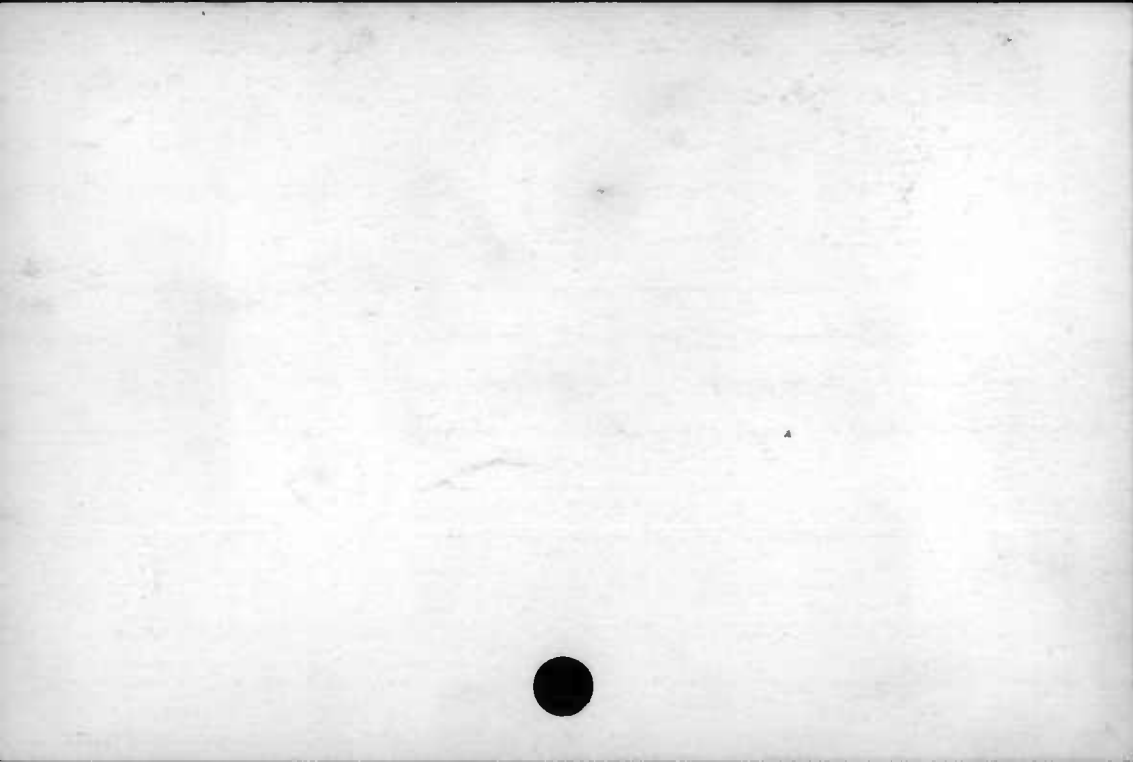
Died at <i>Middletown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1907	Month	Aug	Day	22	Age	78
Sex		female		Color or Race		white	
Occupation		Laborer		Where Residing if not at place of death		as place of death	
Married, Single or Widowed		widower		Name of Wife or Husband		Jennie M ^c Lucas	
Father's Name		unknown		Father's Birthplace		Don't Know.	
Mother's Maiden Name		"		Mother's Birthplace		"	
Name of person giving information		—		How related to deceased		"	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>1 wk</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yrs</i>	Signature of Physician	<i>J. H. West</i>
		Address	<i>Hamstead</i>
Accident or Suicide?	<i>no</i>		<i>Mel.</i>



Name
in
Full

Eileen Maley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Wash.</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>8</i>	Age <i>—</i> Years	Months <i>9</i> Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Michael Maley</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Elizabeth Gillespie</i>	Mother's Birthplace <i>Pas.</i>				
Name of person giving information <i>Mrs Michael Maley</i>	How related to deceased <i>mother.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	<i>104</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>		How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>No</i>	Signature of Physician <i>M B Monahan</i>	
<i>No</i>	Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>No</i>		

later



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *John F. Marshal*

Town *Sharpsburg* **County** *Washington* **MARYLAND**

Died at *Sharpsburg*

Date of death *1907* **Month** *Aug* **Day** *11* **Age** *18* **Years** *4* **Months** *2* **Days**

Sex *Male* **Color or Race** *White* **Birth-place** *Sharpsburg*

Occupation *House laborer* **Where Residing if not at place of death** _____

Married, Single or Widowed _____ **Name of Wife or Husband** _____

Father's Name *William Marshal* **Father's Birthplace** *Sharpsburg*

Mother's Maiden Name *Bessie E. Hoffmann* **Mother's Birthplace** *near Shepherdstown Md*

Name of person giving information *William Marshal* **How related to deceased** *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Acute Pulmonary Consumption* **How long** *About 2 mos.*

Immediate _____ **How long** _____

Are the name, age, sex, color, date and place correctly given above? *yes* **Signature of Physician** *H. M. Garrett*

Address *Sharpsburg, Md.*

Accident or Suicide? _____

Chas. S. Wade
Undertaker

Name
in
Full

Marcellus M. Martin -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

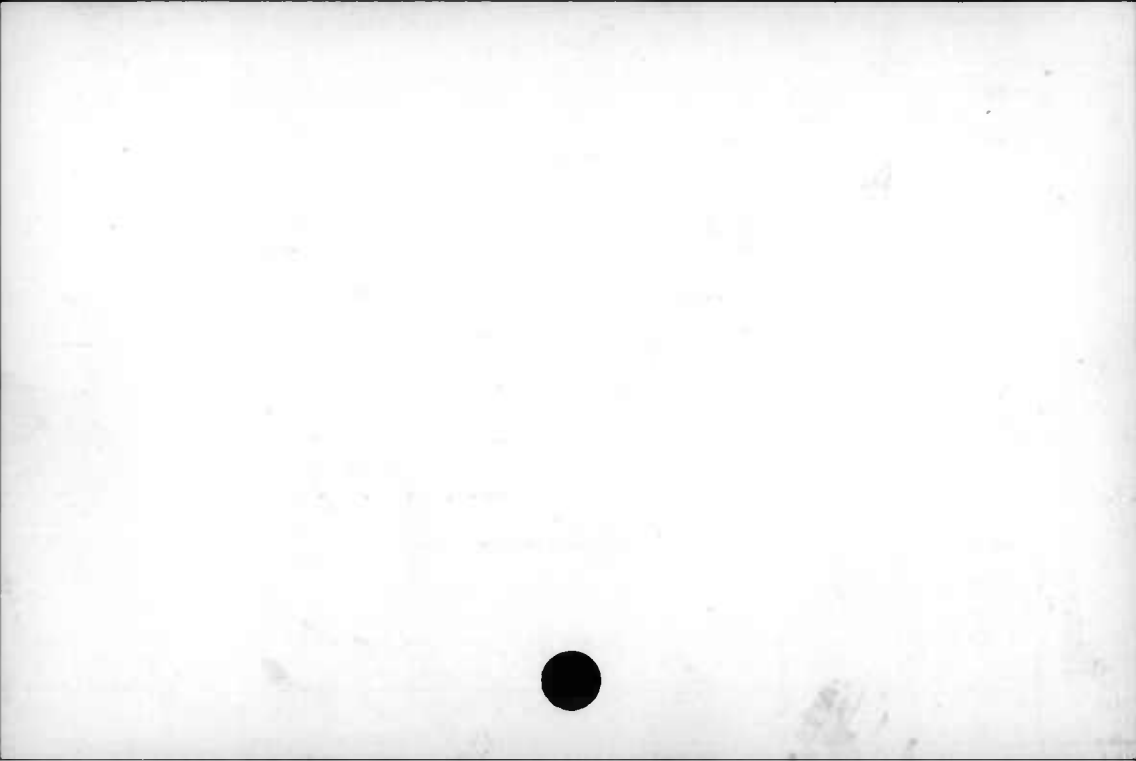
Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>23</i>	Age <i>24</i>	Months <i>9</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Lab. Writer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah L. Miller</i>				
Father's Name <i>Henry L. Martin</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Lucie A. Bangs</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Henry L. Martin</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever -</i>	How long <i>5 weeks</i>
Immediate <i>Exhaustion -</i>	How long <i>.. ..</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>V. L. Miller</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Mary Leona Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

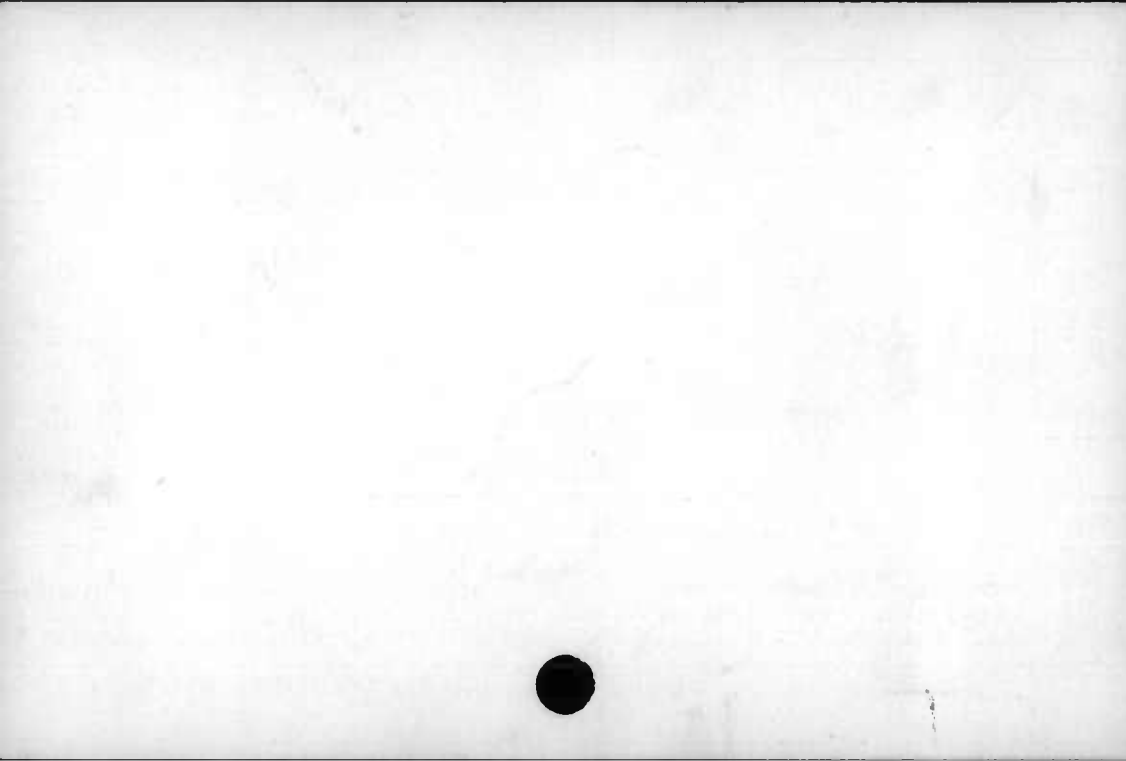
Died at		Town Hagerstown		County Wash.		MARYLAND	
Date of death		1907	Month Aug	Day 26	Age Years	Months 6	Days
Sex female		Color or Race white		Birth- place Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Emmett Martin		Father's Birthplace		Md.	
Mother's Maiden Name		Annie M. Waller		Mother's Birthplace		"	
Name of person giving Information		Emmett Martin		How related to deceased		father.	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	3 1/2 days
Immediate	Convulsions	How long	5 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. D. Campbell M.D.	
Address		418 N. Nash St.	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hannah Mary Middlekauff</i>		Town <i>near Hagerstown</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Died <i>near Hagerstown</i>		Month <i>Aug</i>		Day <i>20</i>		Years <i>7</i>	
Date of death <i>1907</i>		Age <i>7</i>		Months <i>7</i>		Days <i>7</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>ind.</i>			
Occupation <i>←</i>		Where Residing <i>at place of death</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Harry S. Middlekauff</i>		Father's Birthplace <i>ind.</i>					
Mother's Maiden Name <i>Eva Wolfensberger</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>H. S. Middlekauff</i>		How related to deceased <i>father.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>cholera infantum</i>	How long <i>4 days -</i>
Immediate <i>exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. E. Ormiller, Jr.</i>
	Address <i>Hagerstown ind</i>
Accident or Suicide? <i>no</i>	

@ M Suter & Son

Aug. 20/07

Name
in
Full

Daniel W. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

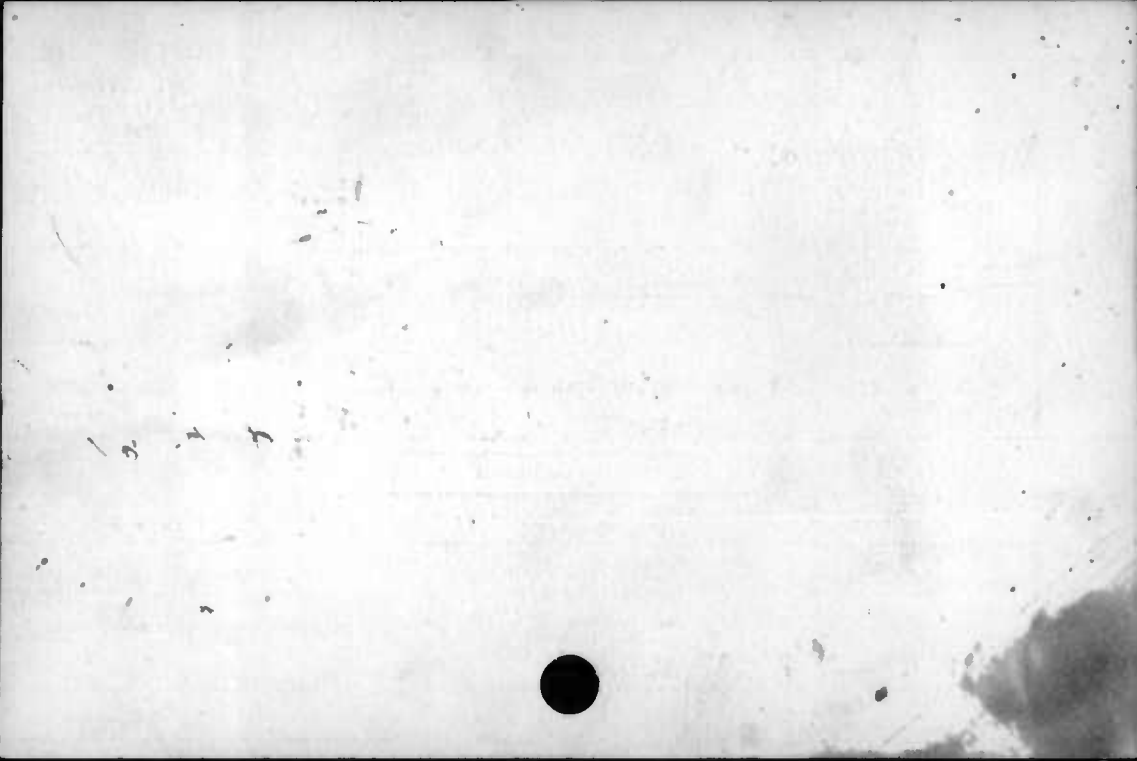
Died at <u>Paineburg</u> Town		<u>Wash.</u> County		STATE OF <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>6</u>	Age <u>13</u> Years	Months <u>1</u>	Days <u>20</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Paineburg</u>			
Occupation <u>X</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>X</u>	Name of Wife or Husband				
Father's Name <u>Isaac D. Miller</u>	Father's Birthplace <u>Paineburg</u>				
Mother's Maiden Name <u>Sallie V. Shore</u>	Mother's Birthplace <u>11</u>				
Name of person giving information <u>Father</u>	How related to deceased				

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONER

Primary <u>Epilepsy</u>	How long <u>13 years</u>
Immediate <u>Asthma</u>	How long <u>two weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Ernest W. Fuchs</u>
	Address <u>Williamsport Md.</u>
Accident or Suicide? <u>-</u>	



Name
in
Full

Dr John Elliott - Miller

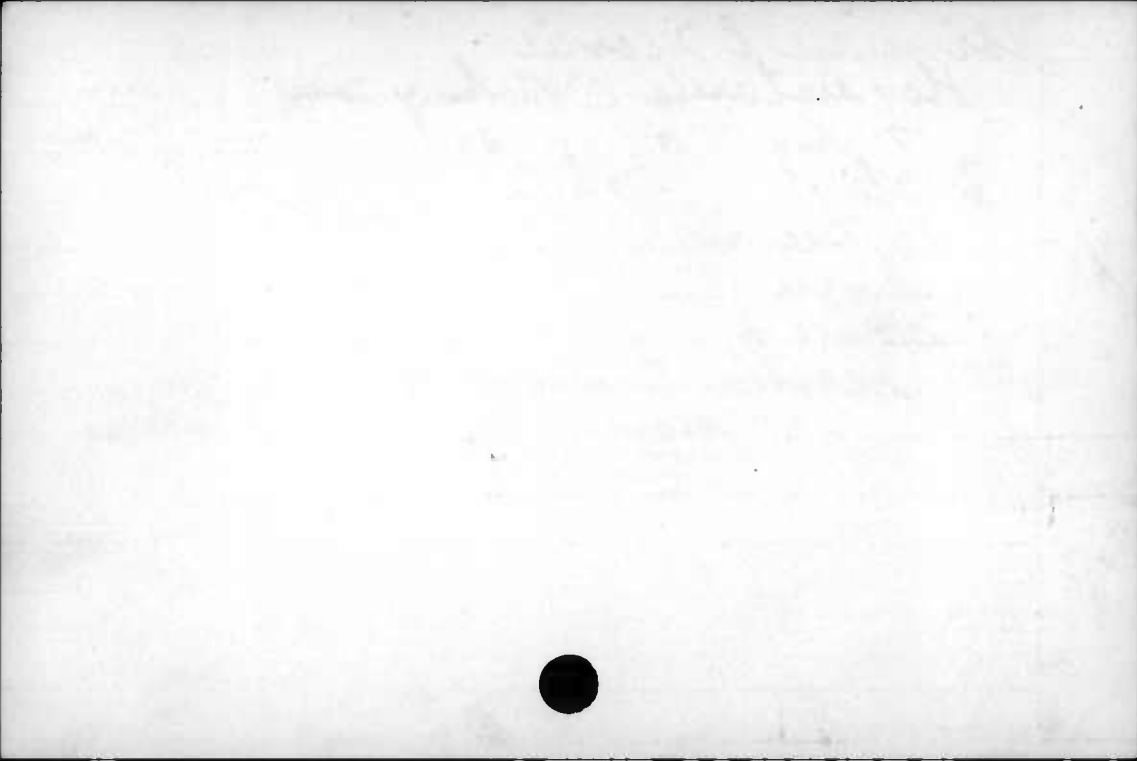
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	190 <i>7</i> ^{Month}	<i>8</i> ^{Day}	Age <i>70</i> ^{Years}	<i>1</i> ^{Months}	<i>5</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>Physician</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catharine H. Hargrett</i>				
Father's Name <i>Samuel Miller</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Catharine Elliott</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>J. S. Kent Miller</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary <i>Neuralgia</i>	How long <i>Several hours</i>
Immediate <i>Heart Failure</i>	How long <i>Very long</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. G. McGuire</i>
<i>yes</i>	Address <i>Hagerstown</i>
Accident or Suicide?	<i>No</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Norman E Morrie		Town Hagerstown		County Washington		State MARYLAND	
Died at Hagerstown		Month July		Day 17		Years 26	
Date of death 1907		Months —		Days —			
Sex Male		Color or Race White		Birth place md			
Occupation Electrician		Where Residing if not at place of death md					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name David H Morrie		Father's Birthplace md					
Mother's Maiden Name Martha Summers		Mother's Birthplace md					
Name of person giving information D H Morrie		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever	How long Four weeks
Immediate Intestinal Haemorrhage	How long 48 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. V. Scott
	Address Hagerstown
Accident or Suicide —	

Apr 11
Rm 111

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles Edward Nowen* Town *Wilson Dist-* County *Wash*

Died at *Wilson Dist-* County *Wash*

Date of death *1907* Month *Aug* Day *17* Age *—* Years *—* Months *9* Days *11*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *ME* Where Residing if not at place of death *Ind*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *M. E. Nowen* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Neff* Mother's Birthplace *Ind*

Name of person giving information *M. E. Nowen* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Diarrhoea* How long *One week*

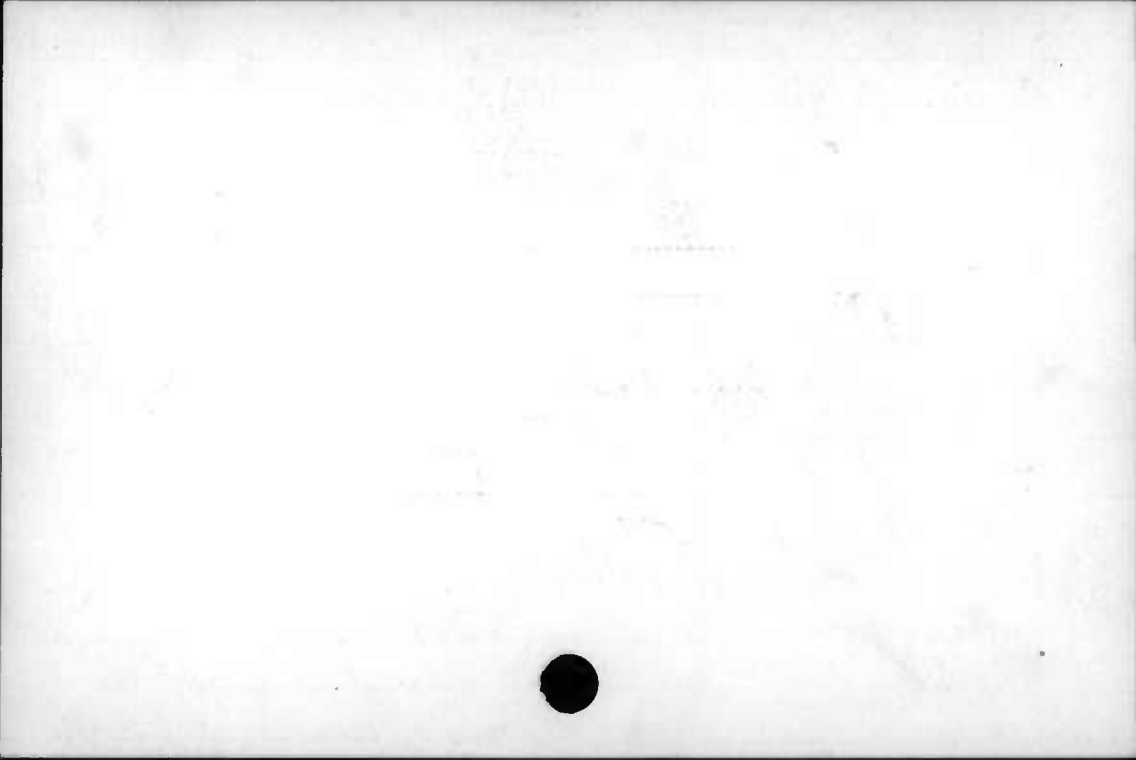
Immediate *Convulsions* How long *Three hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Abraham Shank*

Address *Clearspring Washington Co.*

Q *What is the cause of death?*



Name
in
Full

CERTIFICATE OF DEATH

James Albert Murray

Town

Williamsport

County

Wash

MARYLAND

Died at

Date

of death 190

Month

7 Aug

Day

27

Age

Years

Months

3

Days

16

Sex

Male

Color or
Race

White

Birth-
place

Williamsport

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Albert Murray

Father's
Birthplace

Mercersburg Pa

Mother's
Maiden Name

Annie Ripple

Mother's
Birthplace

Virginia

Name of person giving
In formation

Albert Murray

How related
to deceased

Father

CAUSES OF DEATH

Primary

Brain Inj.

(60)

How long

3 weeks

Immediate

Prostration

How long

one day -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. P. Rochester

Williamsport Md.

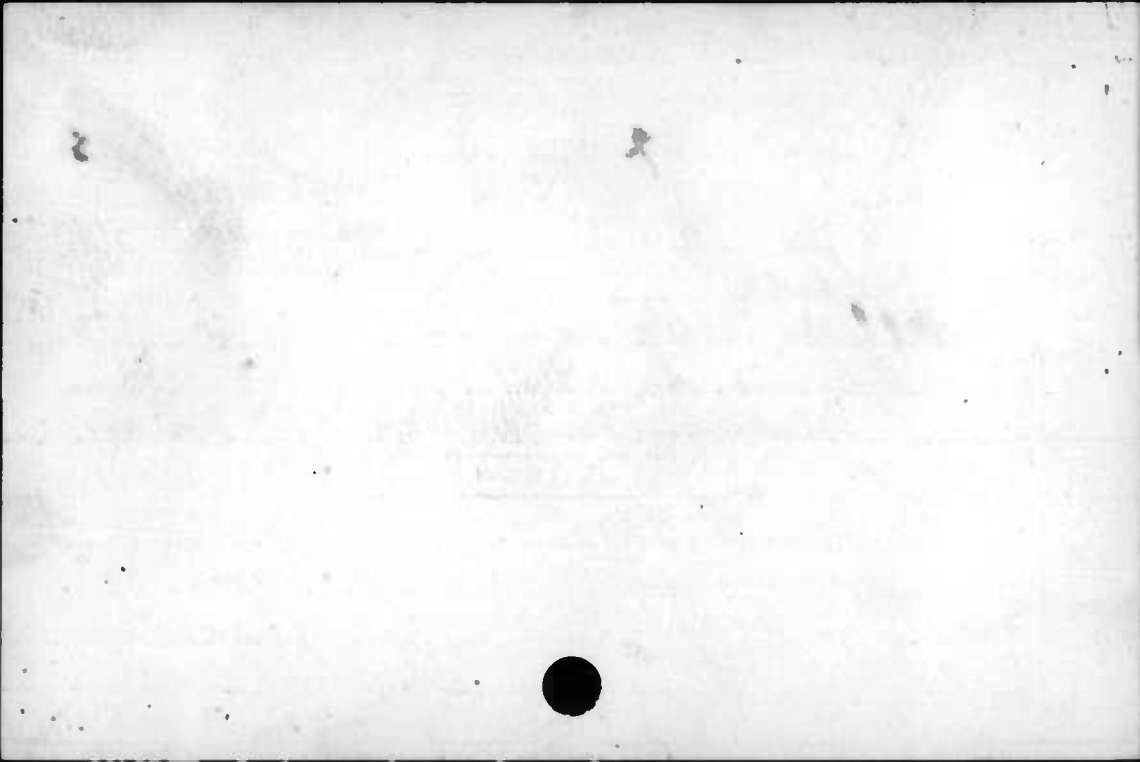
Accident or Suicide?

-

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John W. Newbomer</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>8</i>		Day <i>5</i>		Years <i>68</i>	
Date of death <i>1907</i>		Months <i>5-</i>		Days <i>20</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ind</i>			
Occupation <i>Retired Merchant</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Caroline Newbomer nee Hofer</i>					
Father's Name <i>Henry Newbomer</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>May Ann Rebert</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Mahlon Newbomer</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>2 hrs</i>
Immediate <i>Cardiac Failure due to debility</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. P. Stauffer</i>
	Address <i>Hagerstown, Md</i>
Accident or Suicide? <i>No</i>	

Beaver Creek

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Samuel A Parker		Town Hugestown		County Worthington		State MARYLAND	
Died at Hugestown		Month Aug		Day 29		Years 57	
Date of death 1907		Months —		Days —			
Sex Male		Color or Race Colored		Birth-place Delaware			
Occupation Barber		Where Residing if not at place of death C					
Married, Single or Widowed Married		Name of Wife or Husband Georgia Parker					
Father's Name John Parker		Father's Birthplace Delaware					
Mother's Maiden Name Not Known		Mother's Birthplace D.K.					
Name of person giving Information Georgia Parker		How related to deceased Wife					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary Typhoid Fever	How long 3 weeks
Immediate Heart failure	How long 1 year
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Allen B. Wilson, M.D.
	Address 302 N. Jonathan St Hagerstown Md
Accident or Suicide? No	

Halfway,

Name
in
Full

Edward Riderman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>27</i>	Age <i>30</i>	Months <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Smithsburg</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Edward Riderman</i>				
Father's Name <i>Alexandra Riderman</i>	Father's Birthplace <i>Smithsburg</i>				
Mother's Maiden Name <i>Susan Glime</i>	Mother's Birthplace <i>Wolfsville</i>				
Name of person giving In formation <i>Car Riderman</i>	How related to deceased <i>Brother</i>				

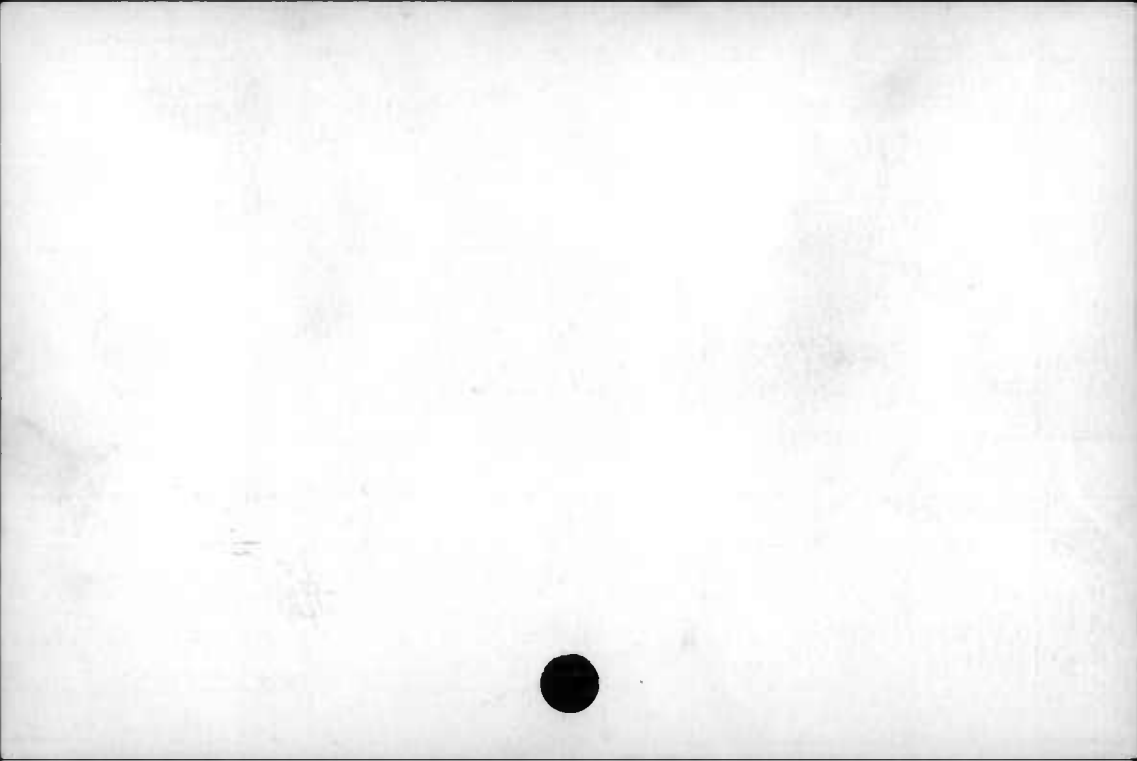
Boiler exploded, sending patient high in the air, and he fell on hot rocks and was also severely scalded.

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Trauma & Shock from boiler explosion</i>	How long <i>18 hours</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. H. Green</i>
<i>Patient died at County hospital twelve hours after injury.</i>	Address <i>Cheesville, Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Levi Luther Ridemore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

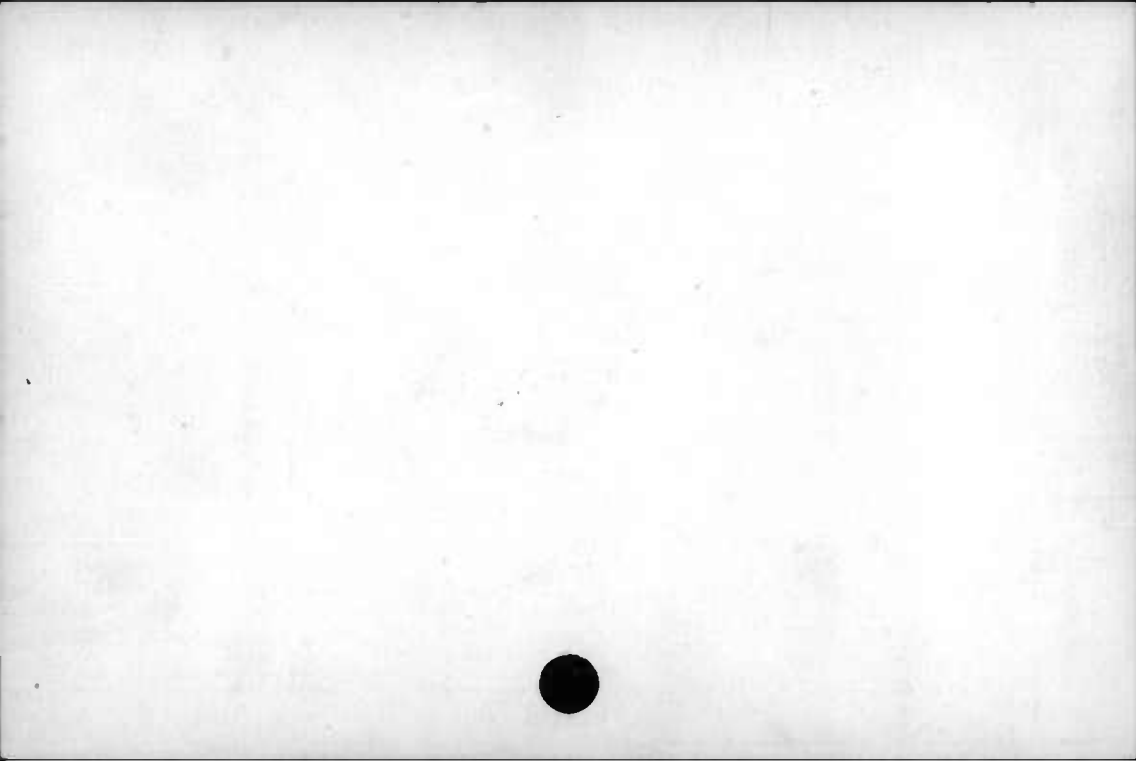
Died at <i>near Leesburg</i>		Town <i>Leesburg</i>		County <i>Wash.</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>5</i>	Age	<i>70</i>	Months <i>10</i>	Days <i>20</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Edgemount</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			<i>near Leesburg</i>
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband			<i>Levi Luther Ridemore</i>
Father's Name	<i>Samuel Ridemore</i>			Father's Birthplace			<i>Wash. Co.</i>
Mother's Maiden Name	<i>Elizabeth Flora</i>			Mother's Birthplace			<i>" "</i>
Name of person giving information	<i>Samuel H. Ridemore</i>			How related to deceased			<i>Son</i>

CAUSES OF DEATH

(80)

PHYSICIAN
OR CORONER

Primary	<i>Angina Pectoris</i>	How long	<i>36 hours</i>
Immediate	<i>Exhaustion Cardiac</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>T. R. W. Wilsons,</i>
		Address	<i>Leesburg,</i>
			<i>Maryland.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

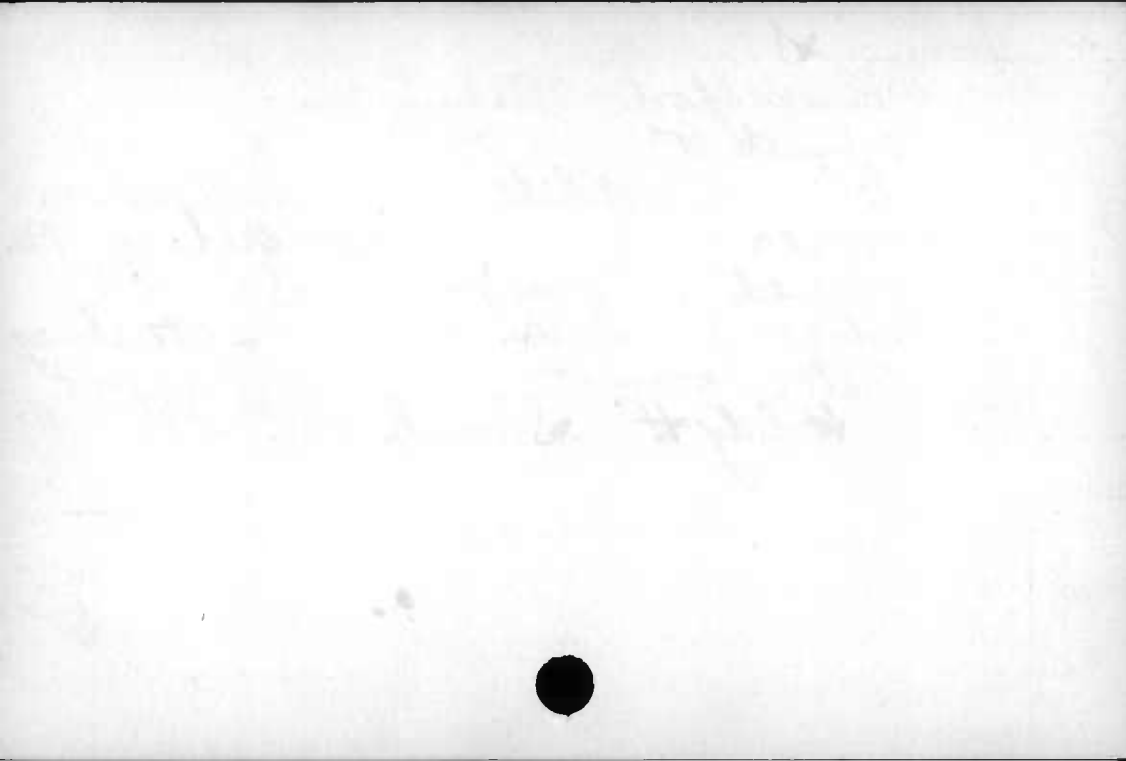
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret Santiman</i>		Town <i>Stagerstown</i>		County <i>Wash</i>		MAYLAND			
Died at		Date of death		Age		Months		Days	
		<i>1907 8 21</i>		<i>59</i>		<i>11</i>		<i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Fairplay Md.</i>					
Occupation <i>Housewife</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>Joseph Santiman</i>		Father's Birthplace <i>Sharpsburg Md.</i>							
Mother's Maiden Name <i>Susan Barnett</i>		Mother's Birthplace <i>Virginia</i>							
Name of person giving information <i>Martin Luther Santiman</i>		How related to deceased <i>Brother</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ataxic Paraplegia</i>	How long	<i>10 years</i>
Immediate	<i>exhaustion</i>	How long	<i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>V. M. Reichard</i>	
Address		<i>Fairplay.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Shank

Died at ^{Town} Williamsport^{County} Washington

MARYLAND

Date of death 1907 August 10thAge 75 ^{Years}

Months 4

Days 3

Sex Male

Color or Race White

Birth-place Leitersburg

Occupation Farmer

Where Residing at not at place of death Mercersburg Pa

Married, Single or Widowed married

Name of Wife or Husband Maggie M. Shank

Father's Name Andrew J Shank

Father's Birthplace Leitersburg

Mother's Maiden Name Ester Hoover

Mother's Birthplace Ringold

Name of person giving information Holidy H Shank

How related to deceased Son

CAUSES OF DEATH

79

Primary Chronic Valvular disease

How long 9 mos

Immediate Exhaustion and Dropsy

How long

Are the name, age, sex, color, date and place correctly given above? yes

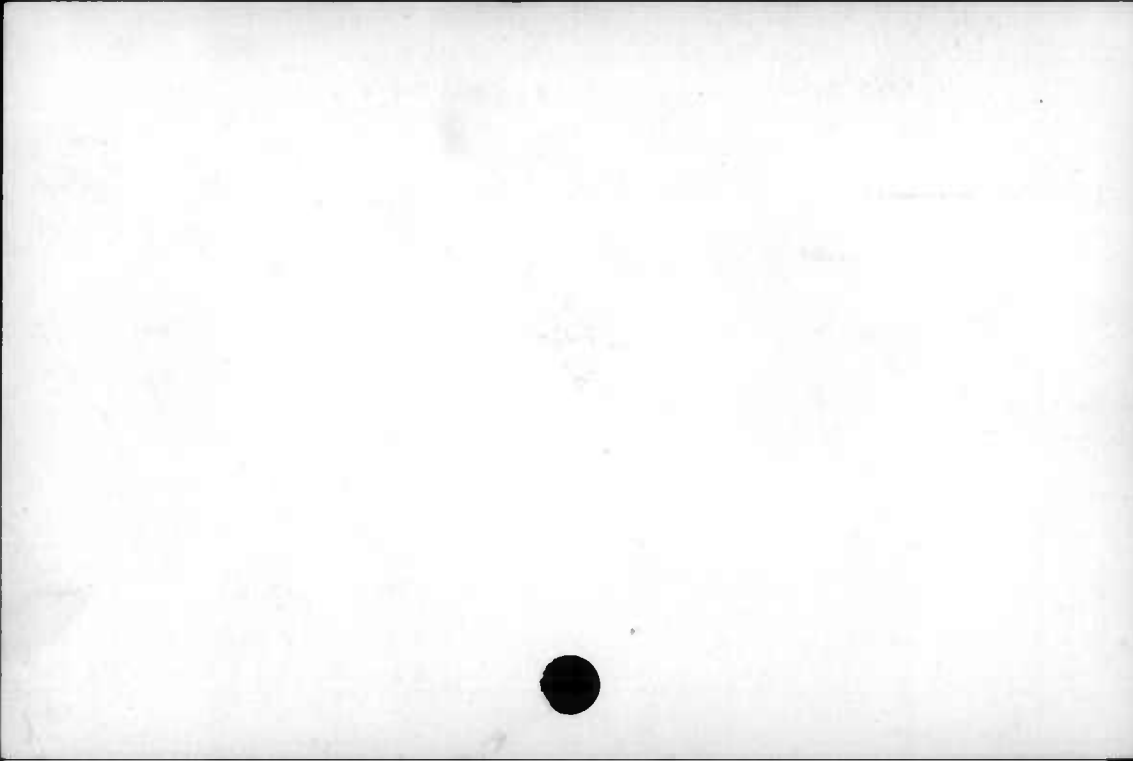
Signature of Physician

Chas T. Mason,

Address

Clearspring, Md

Accident or Suicide?



Name
in
Full

Ralph Shank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

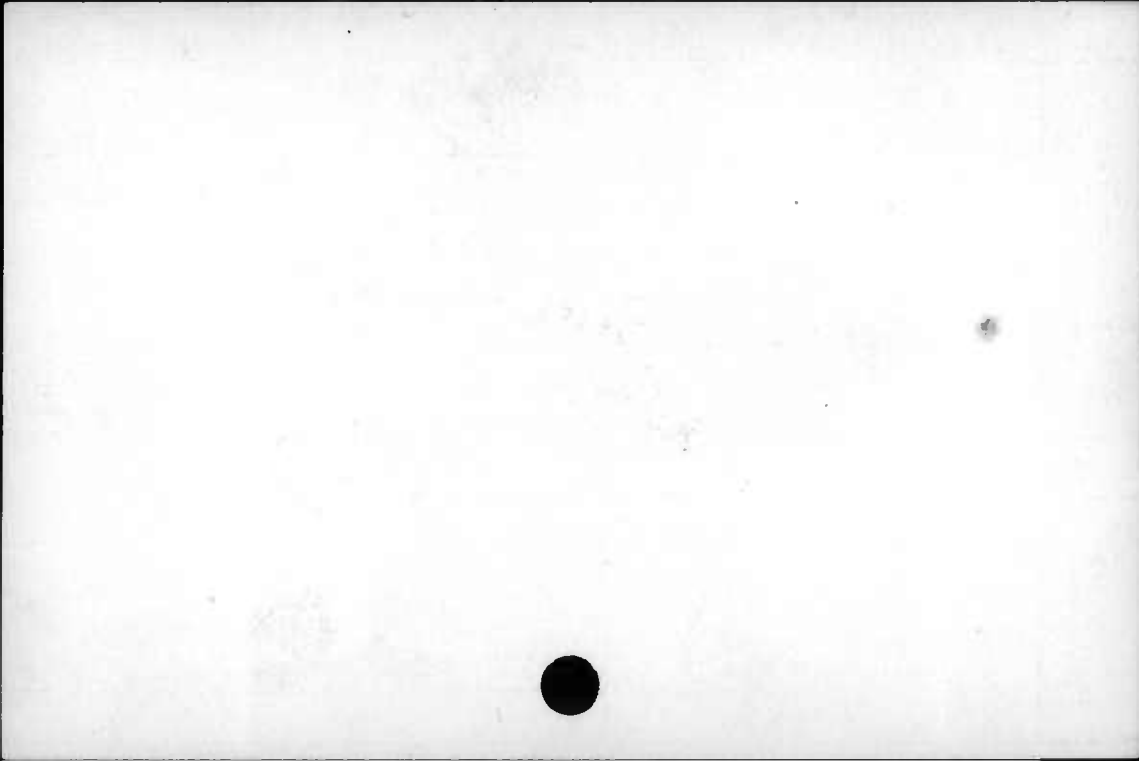
Died at <u>Keadysville</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>8</u> ^{Month}	<u>31</u> ^{Day}	Age <u>6</u> ^{Years}	<u>26</u> ^{Months}	<u>26</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Keadysville</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Keadysville</u>				
<input checked="" type="checkbox"/> Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Jessie Shank</u>	Father's Birthplace <u>Clearspring</u>				
Mother's Maiden Name <u>Angie Rowe</u>	Mother's Birthplace <u>Keadysville</u>				
Name of person giving information <u>Samuel Rowe</u>	How related to deceased <u>Grandfather</u>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Improper Feeding</u>	How long <u>6 months</u>
Immediate <u>Enter Colitis</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. M. Fisher</u>
	Address <u>Keadysville Md.</u>
<u>Accident or Suicide?</u>	



Name
in
Full

Samuel Shurly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Aug</i> ^{Day} <i>26</i>		Age <i>33</i> ^{Years}		<i>—</i> ^{Months} <i>—</i> ^{Days}	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Penna</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Lancaster Pa</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Not Known</i>			
Father's Name <i>Not Known</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>G.B. Hoover</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Accidental Injury</i>		How long	<i>sudden</i>
Immediate	<i>shock</i>		How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Dugan</i>		
<i>Yes</i>		Address <i>Hagerstown, Md</i>		
Accident or Suicide?		<i>Yes</i>		

Bellevue,

Name
in
Full

Elmer Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hugers town</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month}	<u>Aug</u> ^{Day}	<u>26</u> ^{Age}	<u>35</u> ^{Years}	<u>Months</u> ^{Days}
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Va.</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>Smithsburg, Md.</u>		
Married, Single or Widowed	<u>married</u>	Name of Wife	<u>Mrs Annie Stevens</u>		
Father's Name	<u>Not known</u>		Father's Birthplace	<u>Unknown</u>	
Mother's Maiden Name	<u>"</u>		Mother's Birthplace	<u>Unknown</u>	
Name of person giving information	<u>G. B. Hoover</u>		How related to deceased	<u>none</u>	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<u>Accidental Injury</u>	How long	<u>broken</u>
Immediate	<u>Sho on</u>	How long	<u>8 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>J. M. Dugan</u>	
Address		<u>Hugers town, Md.</u>	
Accident or Suicide?			
<u>Yes</u>			

Smithsburg

Name
in
Full

Elmer. R. Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

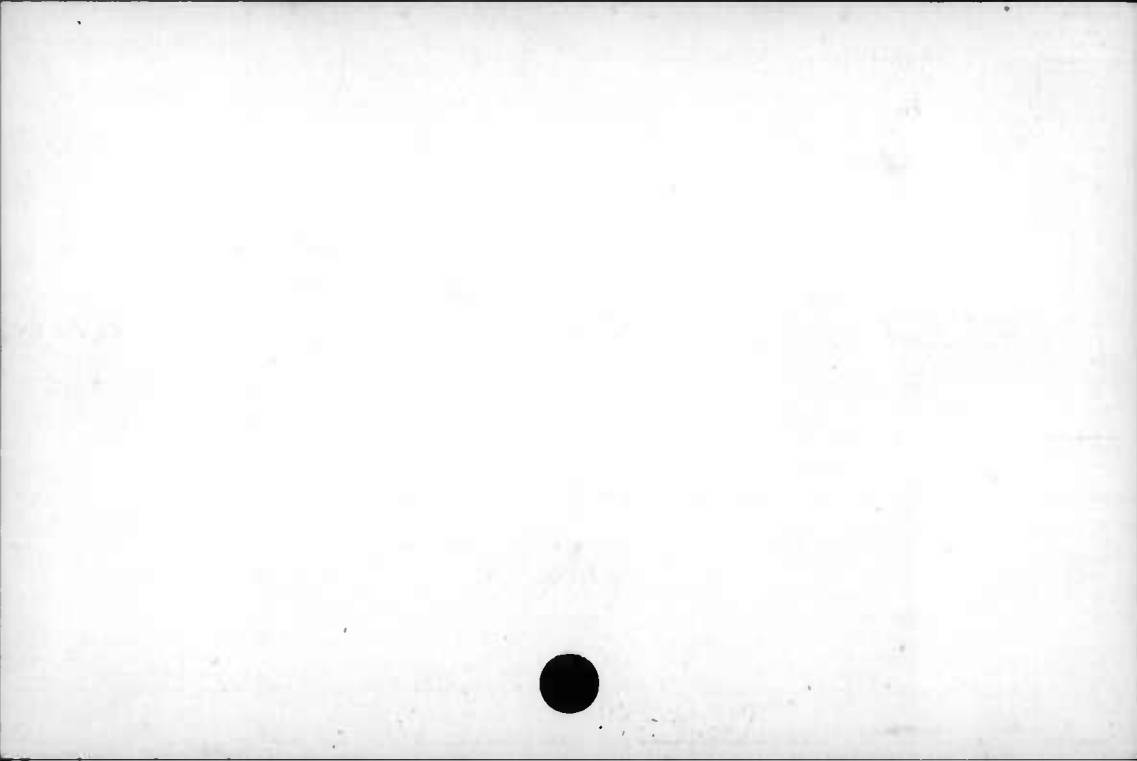
Died at <u>Hagerstown</u> ^{Town}		<u>Wash.</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>8</u>	Day <u>27</u>	Age <u>30</u> ^{Years}	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Rock Hall, Kent</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Smithsburg</u>				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Adaline M. Stevens</u>				
Father's Name <u>John Stevens</u>	Father's Birthplace <u>Rock Hall Kent</u>				
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>				
Name of person giving information <u>Adaline Stevens</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

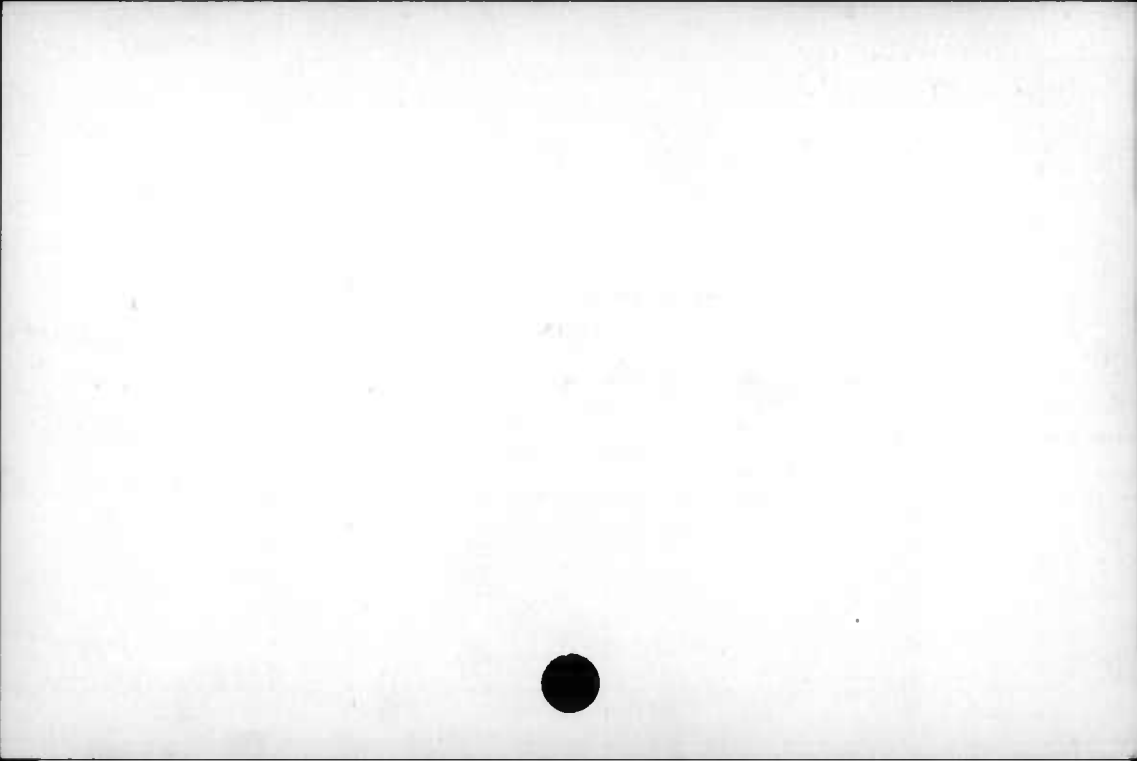
166

PHYSICIAN
OR CORONER

Primary <u>Accident</u>	How long <u>8 hours</u>
Immediate <u>Shock from accident</u>	How long <u>Instant</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. M. D. Kefauver</u>
	Address <u>Smithsburg</u>
Accident <u>Yes</u> ?	<u>Maryland</u>



Name in Full Paul Swope		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Pleasant Valley Town	Washington County		
	Date of death 1907 Month 8 Day 7		Age 3 Years 5 Months 5 Days	
	Sex Male	Color or Race White	Birth-place Pleasant Valley	
	Occupation None	Where Residing if not at place of death 11 1/2		
	Married, Single or Widowed	Name of Wife or Husband		
	Father's Name Hebbie Swope	Father's Birthplace Pleasant Valley		
	Mother's Maiden Name I da Eline	Mother's Birthplace " "		
Name of person giving information Hebbie Swope	How related to deceased Father			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Cholera Infantum	How long Two days	<div style="border: 2px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">105</div>	
	Immediate Convulsions	How long Instant		
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. M. D. Refauver		
		Address Smithsburg Maryland		
	Accident or Suicide?			



Name in Full Susan E. Thomas		CERTIFICATE OF DEATH	
Died at Antietam ^{Town}		Washington ^{County}	
Date of death 1907 ^{Month} Aug ^{Day} 8		Age 23 ^{Years} 3 ^{Months} 19 ^{Days}	
Sex Female	Color or Race White	Near Antietam	
Occupation Housewife	Where Residing if not at place of death _____		
Married, Single or Widowed Married	Name of Wife or Husband Frank Thomas		
Father's Name William H. Baker	Father's Birthplace Near Rohrsville Md		
Mother's Maiden Name Annie Crumpton	Mother's Birthplace Near Antietam Md		
Name of person giving information	How related to deceased		
CAUSES OF DEATH			
Primary	Pulmonary Tuberculosis		How long Several years
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. M. Garrett
		Address	Sharpsburg, Md.
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

27

Chas. S. Wade
undertaker

Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Hagerstown		Washington		MARYLAND					
		Date of death		1907	Month	8	Day	10	Age	Years	Months	6	Days
		Sex		Male		Color or Race		Colored		Birth-place		Md	
		Occupation					Where Residing if not at place of death						
		Married, Single or Widowed					Name of Wife or Husband						
		Father's Name					Father's Birthplace						
		Mother's Maiden Name					Mother's Birthplace						
		Name of person giving information					How related to deceased						
					CAUSES OF DEATH					105			
PHYSICIAN OR CORONER		Primary		Enteric - Colitis -					How long		3-4 days		
		Immediate		Exhaustion					How long		-		
		Are the name, age, sex, color, date and place correctly given above?		Yes					Signature of Physician		John D. Miller		
									Address		Hagerstown Md		
		Accident or Suicide?		No									



Name
in
Full

Martha Weller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bear Spring*

Town

Wash

County

Date

of death *1907 Aug*

Month

Day

Age

Years

3-4

Months

9

Days

24

Sex

*Female*Color or
Race*White*Birth-
place*Ind*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, ~~Single~~
or WidowedName of Wife or
Husband*Adam Weller*Father's
Name*Jacob Shank*Father's
Birthplace*Ind*Mother's
Maiden Name*Leo Shank*Mother's
Birthplace*"*Name of person giving
Information*Mary Weller*How related
to deceased*Daughter*

CAUSES OF DEATH

47

Primary

Chronic Inflammatory Rheumatism 10 yrs.

Immediate

*Valvular disease of heart*Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician

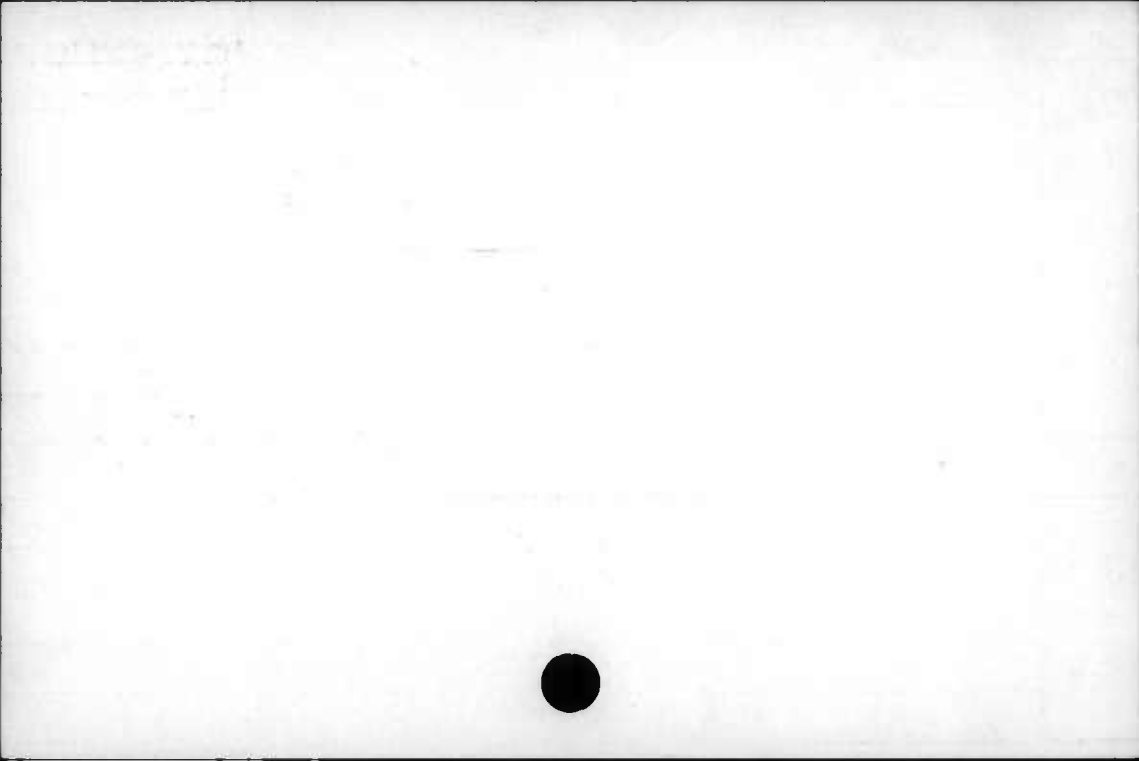
Address

*Dr. H. C. Foster
Clearspring.*

Accident or Suicide?

PHYSICIAN
OR CORONER

e



Name
in
Full

Marshall, R. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

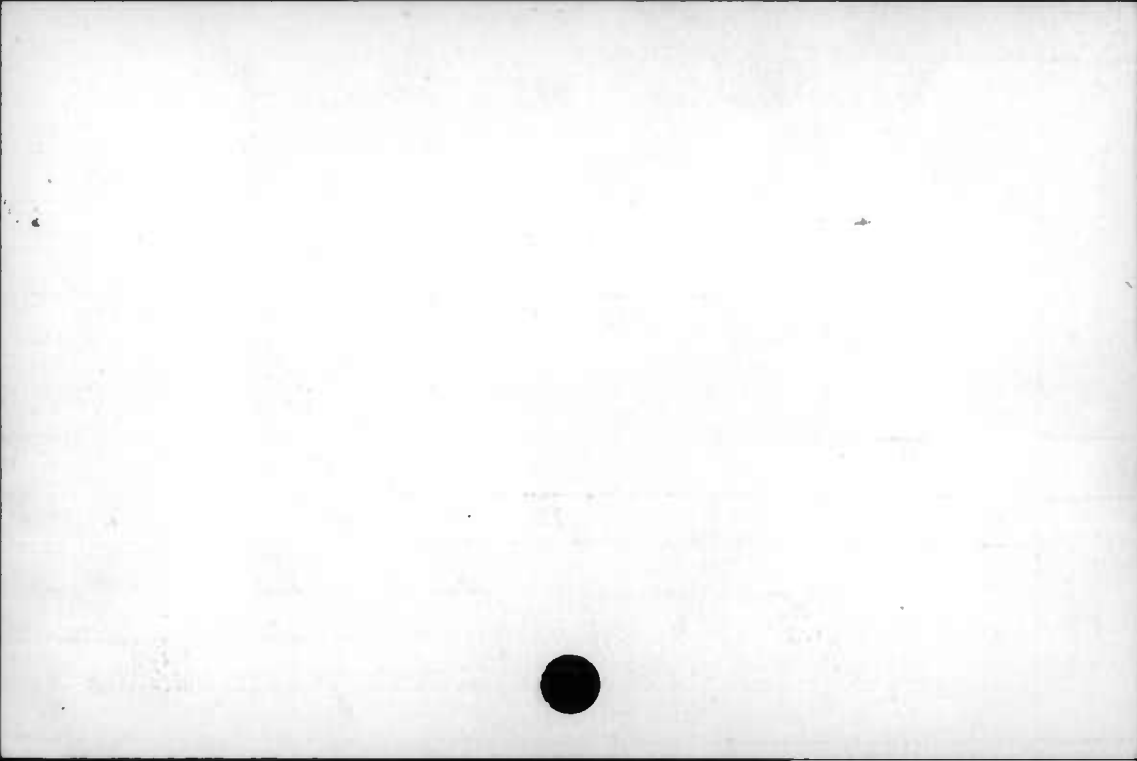
Died at <i>Mereston</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1907	Month	8	Day	31
Age	41	Years		Months	7
Sex	Male	Color or Race	Dark	Birth-place	Washington D.C.
Occupation	Coachman		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Eliza Jane Turner		
Father's Name	Don't know		Father's Birthplace	Unknown	
Mother's Maiden Name	"		Mother's Birthplace	Unknown	
Name of person giving information	Charles H. Bush		How related to deceased	Friend	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Cutank of Hemorrh</i>	How long	<i>2 Yrs</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. S. Youstee</i>	
		Address	
		<i>Brownsville</i>	
		<i>Mo</i>	
Accident or Suicide?			



Name in Full		Certificate of Death			
Name		Town		County	
Died at		Date of death		Age	
Month		Day		Years	
1907		8		13	
Sex		Color or Race		Birth-place	
Female		White		md	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Mother's Maiden Name		Father's Birthplace	
John L Wolf		Mary Warner		md	
Name of person giving information		How related to deceased		Mother's Birthplace	
John Wolf		Father		md	
CAUSES OF DEATH					
Primary		How long		Immediate	
Still Born		S		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Yes		W. H. Miller		Hagerstown md	
Accident or Suicide?					

Coffman

Aug. 13/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Zittle

Town

Barnesboro

County

Washington

MARYLAND

Died at

Date

of death

1907

Month

Aug

Day

25

Years

Age 71

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Wash. Co.

Occupation

Labourer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Husband

Malinda Zittle

Father's
Name

Peter Zittle

Father's
Birthplace

Wash. Co.

Mother's
Maiden Name

Hertel

Mother's
Birthplace

" "

Name of person giving
Information

Daughter

How related
to deceased

CAUSES OF DEATH

Primary

Epilepsy

69

How long

Not known

Immediate

Suffocation

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

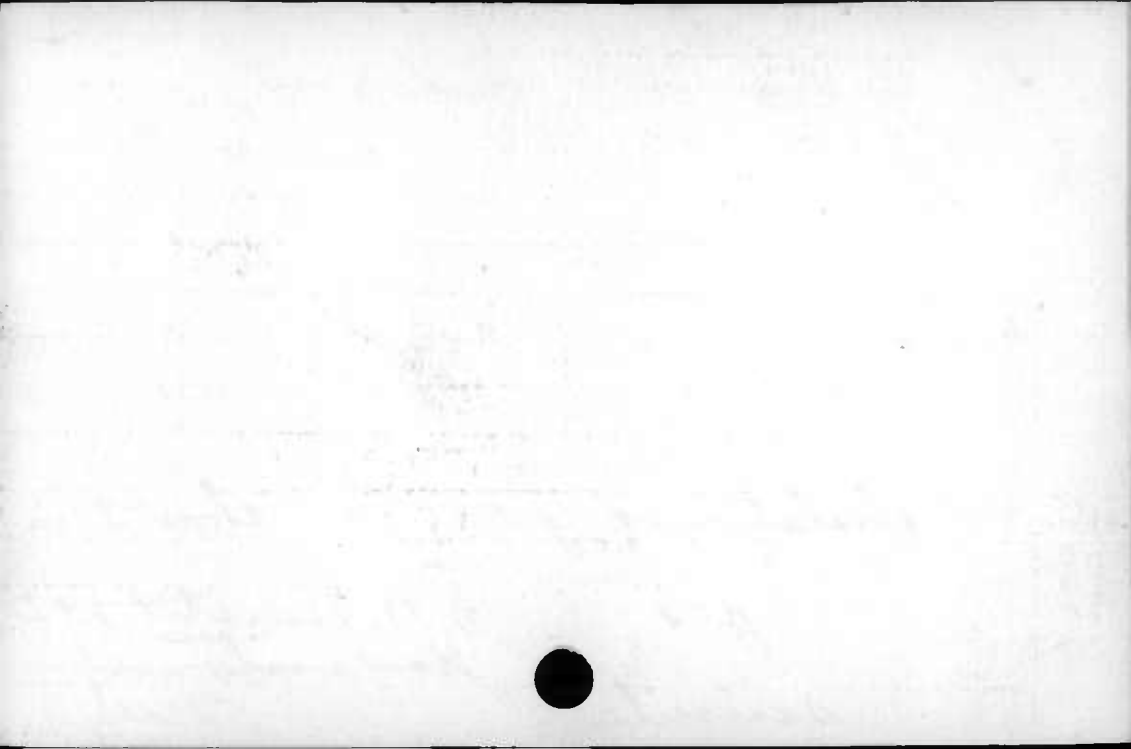
E. J. Smith

Address

Barnesboro

Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>4</i>	Age <i>72</i>	Months <i>3</i> Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>Machinist</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Anna Gumbro</i>				
Father's Name <i>John A Gumbro</i>	Father's Birthplace <i>Va</i>		Mother's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Lucy Hinton</i>	Name of person giving information <i>Hollie Cousins</i>		How related to deceased <i>daughter</i>		

CAUSES OF DEATH

156

PHYSICIAN
OR CORONER

Primary <i>Inhalation of gas</i>	How long <i>about 2 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. W. Mustat M.D.</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>suicide</i>	

Watkins